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ABSTRACT

This handbook details requirements for family day care homes in Oklahoma for providing child nutrition through the Child and Adult Care Food Program. The handbook includes contact information for state consultants. The basic responsibilities for sponsors of family day care home child nutrition programs are outlined, and the sponsoring organization initial and renewal application forms are included. The handbook also delineates procedures for filing civil rights complaints, and presents staffing recommendations for sponsoring organizations, including recommendations for determining staffing needs and sample job specifications. Requirements for financial recordkeeping for sponsoring organizations are presented, with relevant forms included. Information on tiering documentation is provided, including definitions, descriptions of Tier 1 and Tier 2 day care home eligibility determination procedures, and relevant forms. Also described are minimum meal requirements of the Child and Adult Care Food Program, as well as information on child nutrition labels and product analysis statements, planning menus, using food quality charts, providing safe food service, nutrition education, and sample menus. The handbook includes day care provider initial and renewal applications and agreements, requirements for provider record keeping, and sample and blank forms. A section on provider training delineates minimum training requirements. Forms for provider monitoring are included. (KB)

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ED 441 589

CHILD NUTRITION PROGRAMS
CHILD AND ADULT CARE FOOD PROGRAM
FAMILY DAY CARE HOME

HANDBOOK

First in the Twenty-First

PS 028590

OKLAHOMA STATE DEPARTMENT OF EDUCATION

Sandy Garrett
State Superintendent of Public Instruction

May 1999

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BASIC RESPONSIBILITIES

FDCH-2
(Rev. 2/99)

BASIC RESPONSIBILITIES OUTLINE UMBRELLA SPONSORS OF FAMILY DAY CARE HOMES CHILD NUTRITION PROGRAMS

I. Sponsor

A. Responsibility

1. Prior to beginning:
    - a. Have tax-exempt status under the Internal Revenue Code of 1954 or be moving toward compliance.
    - b. Organize Program and develop Quantity (SO) policies.
    - c. Complete and submit in duplicate application packet for approval.
    - d. Submit copies of record-keeping forms for approval.
    - e. Submit copies of all materials used for outreach purposes and any instructional material(s) left with providers.
    - f. Provide training to family day care homes (FDCHs) in Program responsibilities prior to participation.
    - g. Conduct preapproval visits.

2. After beginning operation:
    - a. Maintain itemized receipts and invoices, as well as payroll records, to support administrative costs incurred and reported on monthly claims for reimbursement. These costs are incurred for administering the food service program. These records must be immediately available for review and audit.
    - b. Maintain all records pertaining to the Child and Adult Care Food Program (CACFP) for three years.
    - c. Make Tier I FDCH determinations based on either elementary school eligibility data or census data for providers who cannot demonstrate that their household income meets the free or reduced-price eligibility standards.
    - d. Use the most currently available data in making the determination of a family day care home's eligibility as a Tier I family day care home. The determination will be valid for one year if based on a provider's household income, three years if based on school data, or until more current data is available if based on census data.
    - e. Change the determination of a Tier I family day care home if information becomes available indicating that a family day care home is no longer in a qualified area.
    - f. Notify family day care homes qualifying as Tier II homes of their reimbursement options.
    - g. Be responsible, when requested by a provider qualifying as a Tier II family day care home, for collecting income applications, for determining the eligibility of children, and for maintaining the confidentiality of the information collected.

7

h. Obtain Family-Size and Income Application (FSIA) on each provider who keeps his/her own children and wishes to claim their meals for reimbursement. Providers who qualify for free or reduced-price meals may claim for meals served to their own children only when at least one nonresidential child, enrolled and receiving care in the provider's home, is in attendance and participating in the meal service.

i. Monitor all homes.
    (1) Conduct reviews of Program operations to assess compliance with meal patterns, record keeping, and other requirements not less frequently than three times each year, with not more than six months elapsing between reviews. New family day care homes must have their first review during the first four weeks of operation. Each review must include a meal analysis where children are present. If provider has been approved for weekend and/or late p.m. supplements, a review must include a visit during each of those times. All reviews must be documented and kept on file.
    (2) Monitor's responsibilities shall include, at a minimum:
        (a) Menu analysis.
        (b) Meal analysis.
        (c) Record analysis.
        (d) At-home assistance for nutrition education, meal preparation, sanitation, record keeping, etc.
        (e) Keeping on file at Sponsoring Organization's office all reports by monitors documenting the above areas of responsibility.
        (f) Conducting annual inservice workshops (individual training in the homes does not constitute a workshop); maintaining documentation on training session date(s) and location(s), as well as topics presented and names of participants. Inservice workshops shall include, at a minimum:
            (i) Training in nutrition.
            (ii) Training in food preparation and sanitation.
            (iii) Training in better management procedures.
            (iv) Training in bookkeeping procedures.

j. Sponsor shall enter into a written agreement with each family day care home participating that specifies the rights and responsibilities of both parties. This agreement shall be developed by the State Department of Education, hereinafter referred to as the *State Agency*. Any addition to the agreement must be submitted to the State Agency for approval.
    (1) The agreement must include, at a minimum, the following requirements:
        (a) Provider shall provide and maintain current enrollment data for all children eating at the family day care home each meal (supplemental lists should be added as children are added or dropped from home).
        (b) Provider shall provide a monthly report of average daily attendance and average daily participation.
        (c) Provider shall report type of meals that will be served.
        (d) Provider shall submit a copy of license or verification that the family day care home is complying with procedures to renew license (must be attached to Family Day Care Home Provider Application for Participation [FDCH-4] that is filed with the State Agency).

(e) Provider shall agree to participate with this sponsoring organization for at least one year. If family day care home does not complete year's participation, approval to participate with another sponsor shall not be made until the following fiscal year.
(f) Provider shall claim for only those meals served that meet the meal pattern requirements set by the United States Department of Agriculture (USDA).
(g) Sponsor will reimburse each family day care home the maximum reimbursement rate.
(h) Provider shall agree to the following Policy Statement:

> The family day care home (name) agrees that all children are served the same meals at no separate charge, regardless of race, color, national origin, sex, age, or disability, and that there is no discrimination in the course of the food service.

(i) Provider shall submit a monthly report of the number and type of meals served.
(j) Sponsoring organization must provide necessary record-keeping forms to each family day care home.
(k) Provider shall limit each meal service to a maximum of two shifts.
(l) Provider shall keep all FDCH records on a daily and meal-by-meal basis.

II. Family Day Care Home

A. Responsibility

1. Will file an individual Family Day Care Home Provider Application for Participation (FDCH-4) with sponsoring organization.

2. Will sign an Agreement (FDCH-5).

3. Will maintain the following records (all homes):

    a. Enrollment Data (FDCH-9)
    b. Daily Arrival and Departure Record (FDCH-10)
    c. Daily Record of Meals Served (FDCH-11)
    d. Weekly Meals Served (FDCH-12)
    e. Infant Meals Served (FDCH-13), if applicable
    f. Cycle Menus for each main meal and supplement served

4. Shall have three options with regard to how meals served in family day care homes qualifying as Tier II are reimbursed.

    a. ***OPTION ONE*** is to elect to have the sponsoring organization distribute income applications to the households of all children enrolled in the family day care home. All meals served to enrolled children who are determined to meet the criteria for free or reduced-price meals would receive the Tier I reimbursement rates. Meals served to enrolled children who are not eligible for free or reduced-price meals, or to children from households that did not complete and return income applications, would be reimbursed at the Tier II reimbursement rate.

   b. ***OPTION TWO*** allows the provider to elect to have the sponsoring organization identify only those children who are considered categorically eligible by virtue of their participation or their parent's participation in a federally or state-supported program with an income-eligibility limit that does not exceed the standard for free or reduced-price meals. If this option is chosen, the provider would receive the Tier I reimbursement rates for meals served to the categorically eligible children and the Tier II reimbursement rates for meals served to all other children.
   c. ***OPTION THREE*** allows the provider to receive Tier II reimbursement for meals served to all children in the family day care home, regardless of income. Under this option, the sponsoring organization would not be required to collect any income applications nor would it need to attempt to identify categorically eligible children.

5. Attend an inservice workshop at least annually. (Training in individual family day care homes does not qualify as workshop attendance.)

SPONSORING ORGANIZATION INITIAL APPLICATION

FDCH-1

OKLAHOMA STATE DEPARTMENT OF EDUCATION
Sandy Garrett, State Superintendent of Public Instruction
INITIAL SPONSOR APPLICATION/MANAGEMENT PLAN
Fiscal Year: ____________

INSTRUCTIONS: Complete in duplicate. Type or print clearly all information. Submit both copies to the Oklahoma State Department of Education (State Agency).

1. Name and mailing address, including zip code + 4. All correspondence will be mailed to this address.

Telephone Number: ( ) ____________________

Operating Hours of Organization: ____________________

Federal Employee Identification (FEI) Number: ____________

AGREEMENT NUMBER: ____________________

2. Type of applicant. Check appropriate box, and attach documentation requested.

☐ Public (Government-Funded)

☐ Private Nonprofit (Attach copy of tax exemption from the Internal Revenue Service [IRS] or application for tax-exempt status.)

3. Total dollar amount of federal funds received by sponsoring organization during prior fiscal year (October 1 through September 30).

$____________________
(Excluding CACFP* reimbursement)

4. Other federally funded programs organization participates in: ____________________

5. a. Number of family day care homes (FDCH) under your administration: ☐

b. Total number of children: ☐

c. Describe how above data was obtained: ____________________

6. List sources of cash income specified for food service other than CACFP reimbursement: ____________________

7. Describe procedures for collecting the following records for each family day care home as outlined in the Agreement(s) (FDCH-1E and FDCH-5):

Method used: ____________________

Frequency: ____________________

Location of records: ____________________

8. Procedure for disbursing CACFP reimbursement to family day care homes: (All operating reimbursement claimed by family day care homes must be disbursed within five working days of receipt of the Notice of Payment from the State Agency.) ____________________

*Child and Adult Care Food Program

9. Administrative Personnel: Report administrative personnel involved in administration of the CACFP pertaining to family day care homes. Report all personnel, even if they will not be claimed as administrative labor. The staffing pattern must reflect sufficient administrative capability.

TYPE OF POSITION	SPECIFIC ADMINISTRATIVE DUTIES	NUMBER OF PERSONNEL IN THIS POSITION	NO. OF HOURS PER DAY SPENT ON CACFP DUTIES	SALARY PER HOUR (INCLUDE FRINGE BENEFITS)	NO. OF DAYS PER YEAR	SOURCE OF FUNDS FOR SALARY

10. Annual Administrative Budget: Report estimated annual budget for sponsorship of family day care homes. Enter only those costs which will be claimed. Entries in Column II indicate the maximum level established by the State Agency for administrative reimbursement.

ITEM	COLUMN I AMOUNT	FOR STATE OFFICE USE ONLY COLUMN II AMOUNT
a. Administrative Labor		
b. Office Supplies		
c. Postage		
d. Mileage Allowance for Monitoring		
CACFP's Share of:		
e. Audit		
f. Telephone		
g. Office Rental and Maintenance		
h. Utilities for Office		
i. Other; specify:________________		
TOTAL ADMINISTRATIVE BUDGET		

11. What method(s) will your organization use to make Tier I determinations? (Mark all that apply.)

☐ Use elementary school data to determine if a provider is located in a low-income area.

☐ Use census data to determine if a provider is located in a low-income area.

☐ Obtain and verify family-size and income information from the provider to determine if the provider meets income-eligibility requirements.

---

12. What method will your organization use to reevaluate the tiering status of homes as new school and census data become available?

☐ Use the new elementary school data information, when received from the State Agency, to reevaluate the status of Tier II homes that may now be eligible for Tier I status.

☐ Use the new census data information, when it becomes available, to reevaluate Tier II homes that may now be eligible for Tier I status.

---

13. What method(s) will your organization use to verify provider's income prior to classifying him/her as Tier I based on family size and income? (Mark all that apply.)

☐ Written information: Obtain written evidence of income, such as check stubs, letters from employers, IRS tax information, award letters, or documentation that verifies current participation in a program that established categorical eligibility (food stamps, TANF*, Head Start, etc.).

☐ Collateral Contacts: Obtain and document verbal confirmation of a provider's income or participation in a program that establishes categorical eligibility from persons outside the provider's household, such as employers, social service agencies, migrant agencies.

---

14. What method(s) will your organization use to inform providers of the choices available to Tier II family day care homes for determining Tier I eligibility for enrolled children and for reimbursement? (Mark all that apply.)

☐ Give providers a written and a verbal explanation at a group meeting/training session, and certify their choice on the Family Day Care Home Provider Information form. (See FDCH-4A, For Sponsor Use Only.)

☐ Give providers an individual written and verbal explanation, and certify their choice on sponsor/provider application.

☐ Other: (Provide a detailed explanation.)

____

____

____

____

____

____

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*Temporary Assistance for Needy Families

15. What method(s) will your organization use to inform potential/new providers of the choices available to Tier II family day care homes for determining Tier I eligibility for enrolled children and for reimbursement? (Mark all that apply.)

☐ Give potential providers a written and a verbal explanation when first contacting them about Program participation.

☐ Give new providers a written and a verbal explanation at their preapproval visit, and certify their choice of a reimbursement option on the sponsor/provider application.

☐ Other: (Provide a detailed explanation.)

---

16. What method will your organization use to reimburse providers? (Check one.)

☐ Actual meal counts

☐ Claiming percentage (must submit, for approval, form[s] used for documentation)

☐ Blended rate (must submit, for approval, form[s] used for documentation)

---

17. If "claiming percentage" or "blended rate" was selected above, indicate the basis for determining the percentage of children eligible for Tier I and Tier II reimbursement rates. (Mark only one.)

☐ Enrollment list for the month used for the determination

☐ Attendance information for the month used for the determination

---

18. The following method will be used to obtain family-size and income information from the households of children enrolled in Tier II family day care homes:

☐ Organization will distribute Family-Size and Income Applications to parents/guardians of enrolled children, and parents/guardians will return the applications directly to organization.

☐ Providers will distribute Family-Size and Income Applications to parents/guardians of enrolled children, and parents/guardians will return the applications directly to organization.

---

19. Sponsor agrees to conduct an on-site preapproval visit to all new family day care homes applying to participate to discuss Program requirements and verify that the proposed food service does not exceed the capability of the family day care home. Sponsor agrees that this review shall be documented and kept on file.

☐ Yes

☐ No

20. Sponsor agrees to conduct on-site reviews at least three times each year to current providers. No more than six months shall elapse between reviews. New family day care homes must have their first review during the first four weeks of operation. Each review must include a meal analysis where children are present. If provider has been approved for weekend and/or late p.m. supplements, a review must include a visit during each of those times. Sponsor agrees that all reviews shall be documented and kept on file.

☐ Yes

☐ No

I certify that the information on this form is true and correct to the best of my knowledge and that reimbursement shall be claimed only for meals served to eligible enrolled children during the hours they are in attendance at approved family day care homes.

21.

Signature of Sponsoring Organization Administrator	**Title**	**Date**

22. ***COMPLETE THE NEXT ITEM IF YOU WILL BE AUTHORIZING SOMEONE OTHER THAN YOURSELF TO REPRESENT YOUR SPONSORING ORGANIZATION IN PREPARING AND SIGNING DOCUMENTS.***

I authorize ____
Type or Print

whose signature(s) appears below, as the duly designated authorized representative of the governing body/sponsoring organization shown on this form and is fully empowered to enter into any agreement with the Oklahoma State Department of Education which may be a prerequisite to the installation and/or operation of a Child and Adult Care Food Program in the sponsoring organization shown on this form, and he/she may act for the governing body/sponsoring organization in preparing and signing other documents, reports, and claims for reimbursement pertaining to the installation and operation of the Program. The Authorized Representative signs and accepts responsibility for monthly claims for reimbursement and all correspondence from this office.

23.

Signature(s) of Authorized Representative(s)	**Title**	**Date**

FDCH-1A

Civil Rights Compliance

SPONSOR: ____________________ AGREEMENT NUMBER: ____________

Compliance with Title VI of the Civil Rights Act of 1964 is required for participation in the Child and Adult Care Food Program (CACFP) per United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) Instruction 113-4.

1. List the Sponsoring Organization's efforts to assure that minority populations have an equal opportunity to participate in Program operations. (Minority is defined as: a person or group of persons belonging to the protected classes covered by Title VI of the Civil Rights Act of 1964 and later specified by the Office of Management and Budget [OMB] as: [1] American Indian or Alaskan Native, [2] Asian or Pacific Islander, [3] Black [not of Hispanic origin], and [4] Hispanic.)

2. List the Sponsoring Organization's efforts to contact minority and grassroots organizations about the opportunity to participate in the Program. (Grassroots organization is defined as: any organization at the local level which interacts directly with potential participants or beneficiaries, such as a community action program, civic organization, migrant group, church, neighborhood council, local chapter of the National Association for the Advancement of Colored People [NAACP], or other similar group.)

Estimate of Potential Eligible Beneficiaries

Instructions for Determining Number of Potential Eligible Beneficiaries

In order to determine the number of potential eligible beneficiaries of the Child and Adult Care Food Program, the following information must be obtained. An estimate of the number of all children under the age of 12 within the area from which the sponsoring organization draws its attendance is to be indicated according to the racial/ethnic categories shown below. Sources used to obtain this information might include census data or public school enrollment data.

Sponsor's Estimated Number of Potential Eligible Beneficiaries by Racial/Ethnic Category for the Area Served

BLACK	HISPANIC	AMERICAN INDIAN/ ALASKAN NATIVE	ASIAN/PACIFIC ISLANDER	WHITE

Source(s) used to obtain estimated number of eligible beneficiaries: ____________________

17

Public Release Statement

It is required that all Sponsoring Organizations make available to the local information media a public release announcing the availability of the Child and Adult Care Food Program (CACFP). The media to which the release is submitted should be in the area from which the sponsoring organization draws its attendance. The release must state that all meals are available to any enrolled child in attendance at no separate charge regardless of race, color, national origin, sex, age, or disability, and that there is no discrimination in the course of the food service. The complaint-filing procedures must also be included.

DIRECTIONS FOR SUBMITTING PUBLIC RELEASE STATEMENT: Attach a copy of the actual release statement sent to the media along with the correspondence requesting publication. The correspondence must include the name of the media and the date the release was submitted.

ALL SPONSORS PROVIDE THIS INFORMATION:

Name of Media ______________________ Date Submitted ______________________

______________________ , as a participant of the Child and Adult Care Food Program, announces the
Name of Sponsor

availability of free meals for all children without regard to race, color, national origin, sex, age, or disability. The Child and Adult Care Food Program is an equal opportunity program. If you believe you have been discriminated against because of race, color, national origin, sex, age, or disability, write immediately to the Oklahoma State Department of Education, Child Nutrition Programs, 2500 North Lincoln Boulevard, Room 310, Oklahoma City, Oklahoma 73105-4599, or the Secretary of Agriculture, Washington, D.C. 20250.

FDCH-1C

OKLAHOMA STATE DEPARTMENT OF EDUCATION
Sandy Garrett
State Superintendent of Public Instruction

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
POLICY STATEMENT

THE SPONSORING ORGANIZATION AGREES THAT IT SHALL:

1. Serve meals at no separate charge, regardless of race, color, national origin, sex, age, or disability, and that there is no discrimination in the course of food service.
2. Ensure there is no overt identification of children in Tier II family day care homes that elect to receive Tier I reimbursement for eligible children.
3. Not release free and reduced-price eligibility information for individual children.
4. Limit access to free and reduced-price eligibility information to persons who need the information for the administration and enforcement of the Child and Adult Care Food Program.

SPONSORING ORGANIZATION	STATE AGENCY USE ONLY
______________________	______________________
Signature of Administrator	Signature
______________________	Executive Director
Title	Title
______________________	______________________
Date	Date

FDCH-1D
(Rev 5/97)

OKLAHOMA STATE DEPARTMENT OF EDUCATION
Sandy Garrett
State Superintendent of Public Instruction

FAMILY DAY CARE HOME (FDCH) ELECTRONIC FUNDS TRANSFER AUTHORIZATION

FOR CHANGE/NEW INSTITUTIONS ONLY

The Cash Management Improvement Act (P.L. 101-453) mandates that all federal reimbursements be deposited directly in an account by electronic transfer. In order to receive reimbursement for family day care homes, this form must accompany the FDCH Application and Agreement.

Agreement Number: ____________________

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

1. CLASS NAME: CAC
2. NAME OF FDCH INSTITUTION: ____________________
3. FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER: ____________________
(Tax Identification Number or Social Security Number)
4. ____________________
ADDRESS OF FDCH INSTITUTION CITY STATE ZIP
5. AGENCY NAME: State Department of Education AGENCY NUMBER: 265
6. TELEPHONE NUMBER: Work ( ) ____________________
7. FINANCIAL INSTITUTION: ____________________
(Bank where reimbursements will be deposited)
8. SIGNATURE OF FDCH AUTHORIZED REPRESENTATIVE:
____
9. DATE: ____________________

I hereby authorize the State of Oklahoma Treasury, hereinafter called TREASURY, to initiate credit entries and to initiate, if necessary, debit entries as adjustments for any ________ checking or ________ savings account indicated below and the financial institution named above, hereinafter called DEPOSITORY, to credit and/or debit the same amount(s) owed by or due to me by the State of Oklahoma. This authority is to remain in full force and effect until TREASURY has received written notification from me of its termination in such time and in such manner as to afford TREASURY and DEPOSITORY a reasonable opportunity to act on it.

10. ____________________
BANK TRANSIT/ABA NUMBER
(Bank routing number: Call the bank for assistance)

11. ____________________
CHECKING/SAVINGS ACCOUNT #
(Call bank for assistance)

- Attach voided check here (deposit slips are not accepted).
- Please mail the completed form to:

Oklahoma State Department of Education
Child Nutrition Programs, Room 310
Attention: Electronic Funds Transfer
2500 North Lincoln Boulevard
Oklahoma City, Oklahoma 73105-4599

FDCH-1E
(Rev. 2/99)

STATE DEPARTMENT OF EDUCATION
Sandy Garrett
State Superintendent of Public Instruction

CHILD NUTRITION PROGRAMS

SPONSORING ORGANIZATION FOR DAY CARE HOMES AGREEMENT

CHILD AND ADULT CARE FOOD PROGRAM

____
(Name of Sponsor)

____
(Address of Sponsor)

____
(Agreement Number)

INSTRUCTIONS: (1) *Signing of Agreement*—An original and one copy of this Agreement must be signed and submitted with the application to Child Nutrition Programs (CNP). (2) *Use of Schedule A*—The sponsoring organization must enter the name and location of each family day care home in Schedule A of this form. If more space is required, attach additional sheets. (3) *Sponsoring Organization's Copy*—When this Agreement is approved, a copy will be returned for the Sponsoring Organization's files.

For the purpose of this Agreement, the following terms shall mean respectively:

A. Attendance: An enrolled child who is in attendance at least one day during the month. This child may or may not have participated in a reimbursable meal service.

B. Census Data: A geographic area in which 50 percent of the children residing in the area are members of households whose incomes meet the income-eligibility guidelines for free or reduced-price meals.

C. Children: (1) Persons 12 years of age and under, (2) children of migrant workers 15 years of age or less, and (3) mentally or physically disabled persons, as defined by the state, enrolled in an institution or a child care facility serving a majority of persons 18 years of age and under.

D. Economic Unit: A group of related or unrelated individuals who are not residents of an institution or boarding house, but who share housing and/or all significant income and expenses.

E. Enrolled Child: Child whose parent or guardian has submitted to a family day care home a signed document (Department of Human Services [DHS] enrollment card) which indicates that the child is enrolled for child care. This child may or may not have participated in a reimbursable meal service.

F. Expanded Categorical Eligibility: Children in Tier II family day care homes who are considered categorically eligible by virtue of their participation, or their parent's participation, in a federally or state-supported program with an income-eligibility limit that does not exceed the standard for free or reduced-price meals. In this situation, the family day care home would receive the Tier I reimbursement rates for meals served to the categorically eligible children.

G. Family Day Care Home (FDCH): A licensed, organized family day care program for enrolled children, in a private nonresidential home, under the auspices of a sponsoring organization.

H. Family/Household: A group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

I. Fiscal Year: A period of 12 months beginning with October 1 of any calendar year and ending with September 30 of the following calendar year.

J. Foster Child: A child who is a ward of the court or welfare agency and has been placed in residence in a private household. Reimbursement may be claimed for a foster child as long as the child is not residing with the FDCH provider. A foster child is not considered part of the family in which he/she resides; therefore, he/she is considered a family of one when completing a Family-Size and Income Application (FSIA). For Sponsoring Organizations operating in the state of Oklahoma, it is unlawful for a family day care home provider to also provide foster care to children.

K. Low-Income Provider (LIP): A provider whose household meets the income-eligibility guidelines for free or reduced-price meals and whose income is verified by the sponsoring organization.

L. Meal: Food which is served to enrolled children during their attendance at a family day care home and which meets the nutritional requirements of Schedule B attached hereto.

M. Nonresidential: Children who are not maintained in care for more than 24 hours on a regular basis.

N. Participant: An enrolled child who participates in at least one reimbursable meal service during a month. This is also referred to as *CACFP Enrollment*.

O. Provider's Own Children: Natural children, adopted children, children by legal guardianship, and/or all residential children living in the provider's own home who are part of the economic unit of the family.

P. School Data: A family day care home that is served by an elementary school in which at least 50 percent or more of the students enrolled are certified eligible to receive free or reduced-price school meals. (A list of elementary eligible schools is provided annually to the sponsoring organization by the State Department of Education [SDE].)

Q. Sponsoring organization (SO): Any public or private nonprofit organization responsible for the administration of one or more family day care homes.

R. Tier I Home (I): An FDCH provider who qualifies as a Tier I home based on school data, census data, or household income.

S. Tier II-All Higher Home (II-H): Tier II day care home where ***ALL*** children are certified as eligible for the higher reimbursement rate, based on Family-Size and Income Applications (FSIAs) obtained on enrolled children.

T. Tier II-All Lower Home (II-L): Tier II day care home where ***NONE*** of the children are certified as eligible for the higher reimbursement rate.

U. Tier II-Mixed Home (II-M): Tier II day care home enrolling at least one child in each reimbursement category (higher and lower).

In order to effectuate the purpose of Section 17 of the National School Lunch Act, amended by Public Law 95-627, and the regulations (7 CFR Part 226) governing the Child and Adult Care Food Program (CACFP) issued thereunder referred to as the "Program," the State Department of Education, hereinafter referred to as the "State Agency," and the sponsoring organization whose name and address appear on page 1 of this Agreement, acting on behalf of each family day care home listed on Schedule A of this Agreement, covenant and agree as follows:

THE STATE AGENCY AGREES THAT IT SHALL:

1. Reimburse the sponsoring organization in connection with meals served in accordance with 7 CFR 226.20 to enrolled children of the family day care homes listed in Schedule A.

2. Reimburse the sponsoring organization for administrative costs in accordance with 7 CFR 226.12.

3. Provide the sponsoring organization with the statewide elementary school listing indicating all elementary schools that meet the 50 percent eligibility criteria.

4. Change the determination of a Tier I day care home if information becomes available indicating that a home is no longer in a qualified area.

5. Establish an overclaim against the sponsoring organization of family day care homes that improperly classifies a home as a Tier I family day care home, unless the State Agency determines, in accordance with Food and Nutrition Service (FNS) guidance, that the misclassification was inadvertent.

6. Retain the authority to determine the limits of a reasonable budget, depending upon the size of the Program, duties, and economic conditions of the locale. Adjustments, revisions, or amendments to the budget shall become a part of the budget process. Any budget increase shall be justified in writing before approval by the State Agency and shall not be approved retroactively.

7. Place a cap on the number of family day care homes to participate with a sponsoring organization when deficiencies in administrative or financial capabilities are noted during a review or audit due to insufficient management of the CACFP. The sponsoring organization shall not be allowed to approve any additional family day care homes until it has demonstrated that it can effectively manage the CACFP.

8. Not make payments for meals or administration of any family day care home approved unless the family day care home has operated at least ten days in the first claiming month of Program participation.

9. Allow FDCH providers to operate more than five days per week when justification is available at the sponsoring organization.

10. Not approve meal services between the hours of 10 p.m. and 5 a.m.

11. Promptly notify the sponsoring organization of any changes in minimum meal requirements or in the assigned rates of reimbursment.

12. Not make any change in the minimum meal requirements to become effective in less than 60 days after publication of notice thereof.

13. Disallow payment(s) to the sponsoring organization submitting a claim 60 days after the month which is being covered by the claim and an amended claim submitted after 90 days.

14. Provide technical and supervisory assistance to the sponsoring organization to facilitate effective operations and monitor compliance with all federal regulations and state requirements.

15. Terminate a sponsoring organization for serious deficiencies such as fraud or misuse of funds when corrective action would not be practical. The Sponsoring Organization's agreement with the CACFP shall be terminated in accordance with uniform Federal Assistance Regulation as referenced in Section 226.5(a) of CACFP regulations.

THE SPONSORING ORGANIZATION AGREES THAT IS SHALL:

1. Develop policies for providers pertaining to State Agency procedures. Inform all providers of CACFP regulations and State Agency policies upon signature of sponsor/provider annual agreement.

2. Collect enrollment information on children participating in the CACFP at all family day care homes listed in Schedule A. Ensure that all children with enrollment data will have the opportunity to participate in the Child and Adult Care Food Program.

3. Comply with the Office of Management and Budget (OMB) Circular A-133 and the United States Department of Agriculture (USDA) Uniform Assistance Regulations (7 CFR Part 3015). For Sponsoring Organizations receiving $300,000 or more in total federal funds in the previous fiscal year, an organizationwide audit covering the previous fiscal year is due in the State Agency by June 30 of the current fiscal year. Failure to submit an organizationwide audit by the due date will result in the reimbursement claims received for the remaining fiscal year being withheld until the audit is submitted.

4. Submit annually the total number of Tier I, Tier II-All Higher, Tier II-All Lower, and Tier II-Mixed family day care homes and a breakdown showing the total number of children enrolled in Tier I family day care homes, the total number of children enrolled in all types of Tier II family day care homes, and the number of identified income-eligible children enrolled in Tier II-Mixed family day care homes.

5. Make available to the local information media a public release announcing the availability of meals of all enrolled children. The media to which the release is submitted should be in the area from which the sponsoring organization draws its attendance. The release must state that meals are available at no separate charge to enrolled children regardless of race, color, national origin, sex, age, or disability.

6. Display, in a prominent place, the nondiscrimination poster developed by USDA and have complaint-filing procedures on file.

7. Demonstrate that it is a public institution or is a nonprofit private organization which:

   a. Maintains tax-exempt status under the Internal Revenue Code of 1954.

   b. Has applied to the Internal Revenue Service (IRS) for tax-exempt status. The sponsoring organization may participate in the Program while its application is pending review by the IRS. It shall, however, be the responsibility of the institution to document that it has complied with all requirements of the IRS and has provided all information requested. If the IRS denies the application for tax-exempt status, the institution shall immediately notify the State Agency of such denial. The State Agency shall then terminate the participation of the institution. If IRS certification of tax-exempt status has not been received within six months of filing the application with the IRS, and the IRS indicates that the institution has failed to provide all required information, the State Agency shall terminate the participation of the institution until such time as IRS tax-exempt status is obtained.

   c. Is currently participating in another federal program which requires nonprofit status.

8. Make Tier I FDCH determinations based on either elementary school eligibility data or census data for providers who cannot demonstrate that their household income meets the free or reduced-price eligibility standards.

9. Use the most current available data in making the determination of a family day care home's eligibility as a Tier I family day care home. The determination shall be valid for one year if based on a provider's household income, three years if based on school data, or until more current data is available if based on census data.

10. Change the determination of a Tier I family day care home if information becomes available indicating that a home is no longer in a qualified area.

11. Notify family day care homes qualifying as Tier II homes of their reimbursement options.

12. Be responsible, when requested by a provider qualifying as a Tier II home, to collect income applications, to determine the eligibility of children, and to maintain the confidentiality of the information collected.

13. Have the responsibility of informing providers of their reimbursement options under the law.

14. Not make payments for meals to any family day care home approved ***UNLESS*** the family day care home has operated at least ten days of meal service in the first claiming month of Program participation.

15. Approve applications for FDCH providers for no more than five days per week unless the sponsoring organization is furnished with justification for additional days and grants prior approval.

16. Not approve meal services between the hours of 10 p.m. and 5 a.m.

17. Make all Program records immediately available upon request by state and/or federal personnel.

18. Not pay sponsoring organization personnel on a "per unit" basis, either for recruitment or ongoing monitoring activities.

19. Submit claims for reimbursement to the State Agency by the fifteenth of the month following the month covered by the claim. In addition, any changes on provider applications or any new applications must be received in the State Agency by the fifth of each month to be considered for payment for the previous month. This includes additions, deletions, and licensing verification. Sponsors need to ensure that all applications are complete and correct.

20. Provide adequate supervisory and operational personnel for the effective management and monitoring of the Program.

21. Ensure that all children with enrollment data will have the opportunity to participate in the Child and Adult Care Food Program. Family day care home sponsors must have current, properly completed, and approved Family-Size and Income Applications on file for any providers who claim their own children's meals. Provider's own children may receive CACFP meal benefits if the provider's household qualifies for free or reduced-price meals and at least one nonresidential child, enrolled and receiving care in the provider's home, is in attendance and participating in the meal service. Households that receive food stamps, "Temporary Assistance for Needy Families" (TANF), or "Food Distribution Program on Indian Reservations" (FDPIR) benefits must contain the children's names; the food stamp, TANF, or FDPIR case number for each child; and the signature of an adult household member.

    Applications for all other households must contain: (a) children's names, (b) names of all household members, (c) the amount of income each person received last month and where it came from—which is to be totaled by the institution, and (d) the signature of an adult household member and that adult's social security number or the word *none* if the adult does not have a social security number. A properly approved Family-Size and Income Application must be dated and signed by the approving official.

22. Not use funds received for provider's payments for administrative expenses. Funds dispersed to the sponsoring organization for food service payments shall be dispersed within five working days after receipt from the State Agency to each family day care home on the basis of the number of meals, by type, served to children. Reasons for the sponsoring organization returning provider reimbursement to the State Agency include, but are not limited to:

    a. Provider moved; unable to locate.

    b. Provider's check not cashed by expiration date (imposed by sponsoring organization).

    c. Unearned provider payment discovered after claim submitted.

    d. Ineligible payment due to audit/review.

23. Not allow individuals actively engaged in the day-to-day operations of any sponsoring organization, either full-time or part-time, to participate in the CACFP as an FDCH provider.

24. Not allow any provider knowingly terminated for cause by another sponsoring organization to be approved to participate under any sponsorship for a three-year period.

25. Enter into a written agreement with state-licensed FDCH providers listed on Schedule A.

26. Not delegate the authority for the operation of their food service to any family day care home listed on Schedule A.

27. Accept final financial and administrative responsibility for the conduct of the Program for each family day care home under its jurisdiction.

28. Conduct on-site preapproval visits and training of each new family day care home prior to beginning Program operations. This review must be documented and kept on file.

29. Conduct reviews of Program operations to assess compliance with meal patterns, record keeping, and other requirements not less frequently than three times each year, with not more than six months elapsing between reviews. New family day care homes must have their first review during the first four weeks of operation. Each review must include a meal analysis where children are present. If provider has been approved for weekend and/or late p.m. supplements, a review must include a visit during each of those times. All reviews must be documented and kept on file.

30. Not allow an FDCH provider to care for another provider's own children.

31. Ensure that three hours shall elapse between the beginning of one main meal service and the beginning of the next main meal service. At least two hours shall elapse between the beginning of a main meal and the beginning of a supplement. Suppers shall not be served prior to 5 p.m. or after 8 p.m.

32. Not allow preplanned/printed menus to be used by providers to record the meal components served to children in their care and ensure that meal components are manually recorded by the provider on a meal-by-meal basis daily.

33. Maintain records for three years following the end of the fiscal year and/or until any pending audit is resolved.

34. Require all family day care homes listed in Schedule A to have state licensing as a child care facility or tribal licensing approval.

35. Meet requirements in 7 CFR Part 226 regulations.

36. Not permit any Member or Delegate to Congress, or Resident Commissioner, to any share or part of the Agreement or to any benefit that may arise therefrom; but this provision shall not be construed to extend to this Agreement if made with a corporation for its general benefit.

37. Forward money owed to the State Agency, as a result of an administrative review or audit, in a time frame set by the State Agency.

THE STATE AGENCY AND THE SPONSORING ORGANIZATION MUTUALLY AGREE:

1. That Schedule A (listing family day care homes approved by the State Agency), as well as Schedule B and attachments, shall be a part of this agreement.

2. That family day care homes may be added or deleted from Schedule A as need arises, and the reference herein to Schedule A shall be deemed to include such schedule as supplemented and amended.

3. This Agreement shall be effective with respect to meals served during the period commencing the ______________ day of ______________ and ending on September 30, unless terminated earlier as herein provided. The State Agency may renew this Agreement, by notice in writing given to the sponsoring organization, for such period as funds are available for carrying out the Program. This Agreement may be terminated upon ten days written notice on the part of either party hereto, and the State Agency may terminate this Agreement immediately after receipt of evidence that the terms and conditions of this Agreement and the regulations governing the Program have not been fully complied with by the sponsoring organization. Any termination of this Agreement by the State Agency shall be in accordance with applicable laws and regulations. No termination or expiration of this Agreement, however, shall affect the obligation of the sponsoring organization to maintain and retain records and to make such records available.

4. The terms of this Agreement shall not be modified or changed in any way other than by the consent in writing of both parties hereto.

5. The reporting and/or record-keeping requirements contained herein have been approved by the Bureau of the Budget in accordance with the Federal Reports Act of 1942.

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Record-Keeping Requirements

The sponsoring organization must keep full and accurate records respecting its food service to serve as a basis for the claim for reimbursement and for audit and review purposes. Those Sponsoring Organizations approved for participation in the Child and Adult Care Food Program must maintain separate records for each family day care home. The records to be maintained and available at all times at the location approved on the CACFP Sponsor Application (FDCH-1) include, but are not limited to, the following:

1. SPONSOR RECORD-KEEPING REQUIREMENTS

FDCH-1	Initial Sponsor Application/Management Plan
FDCH-1A	Civil Rights Compliance
FDCH-1B	Public Release Statement
FDCH-1C	Child and Adult Care Food Program (CACFP) Policy Statement
FDCH-1D	Family Day Care Home (FDCH) Electronic Funds Transfer Authorization, if applicable
FDCH-1E	Sponsoring Organization for Day Care Homes Agreement
FDCH-2	Basic Responsibilities Outline—Umbrella Sponsors of Family Day Care Homes
FDCH-3	Civil Rights Complaint-Filing Procedures
FDCH-4	Family Day Care Home Provider Application
FDCH-4A	Family Day Care Home Provider Information
FDCH-4B	Family Day Care Home Family-Size and Income Application
FDCH-4C	Eligibility Scale for Tier I Reimbursement Rates
FDCH-4D	Letter to Household
FDCH-5	Agreement Between Sponsoring Organization and Family Day Care Home
FDCH-6	Home Training
FDCH-7	Preapproval Visit Form
FDCH-8	On-Site Monitor Review
FDCH-9	Enrollment Data
FDCH-10	Daily Arrival and Departure Record
FDCH-11	Day Care Home Daily Record of Meals Served
FDCH-12	Weekly Meals Served
FDCH-13	Infant Meals Served
FDCH-14	Expenditure Work Sheet
FDCH-15	Payment Voucher
FDCH-16	Disbursement Register
FDCH-17	Claim for Reimbursement—Family Day Care Homes
FDCH-17A	Claim Attachment—Meal Counts by Provider (For Sponsoring Organization Use Only)

2. PROVIDER RECORD-KEEPING REQUIREMENTS

FDCH-9	Enrollment Data (Department of Human Services [DHS] and CACFP)
FDCH-10	Daily Arrival and Departure Record (Attendance Records)
FDCH-11	Daily Record of Meals Served (recorded daily on a meal-by-meal basis)
FDCH-12	Weekly Meals Served (recorded daily on a meal-by-meal basis)
FDCH-13	Infant Meals Served, if applicable (recorded daily on a meal-by-meal basis)
	Menu cycle for each main meal and supplement served
	Child Nutrition (CN) labels/product analysis statements, if applicable
	Medical statements for dietary substitutions, if applicable

FDCH-1E

Schedule A

Name	Total Number of Children Enrolled	Tier Type	Total Number of Identified Income-Eligible Children in Tier II Home(s)

If additional space is needed, please attach separate sheet.

Schedule B

A. Each family day care home participating in the Program shall serve one or more of the following types of meals, as provided in its approved application:

1. Breakfast

2. Lunch

3. Supper

4. Supplemental food served between such other meals

B. Except as otherwise provided in this section, and in any appendix to this part, each meal shall contain, at a minimum, the food components as follows:

1. A breakfast shall contain:

   a. A serving of fluid milk as a beverage or on cereal or used in part for each purpose.
   b. A serving of vegetable(s) or fruit(s) or full-strength fruit or vegetable juice.
   c. A serving of whole-grain or enriched bread; an equivalent serving of cornbread, biscuits, rolls, or muffins, etc., made of whole-grain or enriched meal or flour; a serving of whole-grain cereal or enriched or fortified cereal; a serving of cooked whole-grain or enriched pasta or noodle products such as macaroni; cereal grains such as rice, bulgur, or corn grits; or a combination of any of these foods.

2. A lunch or supper shall contain:

   a. A serving of fluid milk as a beverage.
   b. A serving of lean meat, poultry, or fish; cheese; an egg; cooked dry beans or peas; peanut butter; yogurt; or a combination of any of these foods. Frankfurters and/luncheon meats must be 100 percent meat product or served with another meat/meat alternate to ensure that meal requirements are met. A Child Nutrition (CN) label or product analysis statement must be available for preprocessed products in which ingredients or quantities are not identifiable (burrito, corn dogs, pizza, chicken nuggets, breaded vegetables, etc.).
   c. A serving of two or more vegetables or fruits; full-strength fruit or vegetable juice; or a combination of both.
   d. A serving of whole-grain or enriched bread; an equivalent serving of cornbread, biscuits, rolls, muffins, etc., made of whole-grain or enriched meal or flour; a serving of cooked whole-grain or enriched pasta or noodle products such as macaroni; cereal grains such as rice, bulgur, or corn grits; or nonsweet snack products such as hard pretzels or chips made of whole-grain or enriched meal or flour.

3. Supplemental food shall include:

   a. A serving of fluid milk as a beverage or on cereal or used in part for each.
   b. A serving of full-strength fruit juice or vegetable juice or an equivalent quantity of fruit or vegetable.
   c. A serving of bread made with whole-grain or enriched flour or meal; an equivalent serving of cornbread, biscuits, rolls, muffins, etc., made of whole-grain or enriched meal or flour; a serving of cooked whole-grain or enriched pasta or noodle products such as macaroni; or cereal grains such as rice, bulgur, corn grits; crackers, hard pretzels, or chips made of whole-grain or enriched meal or flour. Plain cookies must weigh 31 grams (1.1 ounces) per serving; cookies with nuts, raisins, chocolate pieces, and/or fruit must weigh 63 grams (2.2 ounces) per serving; unfrosted cakes must weigh 75 grams (2.7 ounces) per serving; and frosted cakes and brownies must weigh 115 grams (4 ounces) per serving.
   d. A serving of meat or meat alternate.

4. Except as otherwise provided in this section, the minimum amounts of component foods to serve at meals as set forth in subparagraphs B1, 2, and 3 of this section are as follows: (See chart.)

MINIMUM MEAL REQUIREMENTS OF THE CHILD AND ADULT CARE FOOD PROGRAM

When the meal pattern is properly used, the meals will include foods which supply needed nutrients and energy. The nutritional goal for meals and supplements is to furnish high-quality meals to all children in accordance with the Recommended Daily Dietary Allowance of the National Research Council/National Academy of Sciences.

The Child and Adult Care Food Program (CACFP) regulations specify that the meals meet the following meal pattern requirements:

BREAKFAST	Children Aged 1-2 Years	Children Aged 3-5 Years	Children Aged 6-12 Years
Milk[1]			
Milk, fluid	½ cup	¾ cup	1 cup
Vegetables and Fruits[2]			
Vegetable(s), fruit(s), full-strength juice	¼ cup	½ cup	½ cup
Bread and Bread Alternates[3]			
Enriched or whole-grain bread	½ slice	½ slice	1 slice
Cereal (cold, dry)	¼ cup or ⅓ oz[4]	⅓ cup or ½ oz[4]	¾ cup or 1 oz[4]
Cooked pasta or noodle products	¼ cup	¼ cup	½ cup
Cooked cereal or cereal grains	¼ cup	¼ cup	½ cup

LUNCH/SUPPER	Children Aged 1-2 Years	Children Aged 3-5 Years	Children Aged 6-12 Years
Milk[1]			
Milk, fluid	½ cup	¾ cup	1 cup
Vegetables and Fruits[2, 5]			
Vegetable(s), fruit(s), full-strength juice[6]	¼ cup	½ cup	¾ cup
Bread and Bread Alternates[3]			
Enriched or whole-grain bread	½ slice	½ slice	1 slice
Cereal (cold, dry)	¼ cup or 1/3 oz[4]	⅓ cup or ½ oz[4]	¾ cup or 1 oz[4]
Cooked pasta or noodle products	¼ cup	¼ cup	½ cup
Cooked cereal or cereal grains	¼ cup	¼ cup	½ cup
Nonsweet snack products[14]	½ serving	½ serving	1 serving
Meat and Meat Alternates[7]			
Lean meat or poultry or fish[8]	1 oz	1½ oz	2 oz
Cheese	1 oz	1½ oz	2 oz
Eggs	1 egg	1 egg	1 egg
Cooked dry beans or peas[9]	¼ cup	⅜ cup	½ cup
Peanut butter, soynut butter, or other nut or seed butters	2 Tbsp	3 Tbsp	4 Tbsp
Peanuts, soynuts, or tree nuts or seeds[10]	½ oz = 50%[11]	¾ oz = 50%[11]	1 oz = 50%[11]
Yogurt, plain or flavored, unsweetened or sweetened[13]	4 oz or ½ cup	6 oz or ¾ cup	8 oz or 1 cup

SUPPLEMENT (Choose two of the following components)	Children Aged 1-2 Years	Children Aged 3-5 Years	Children Aged 6-12 Years
Milk[1]			
Milk, fluid	½ cup	½ cup	1 cup
Vegetables and Fruits[2]			
Vegetable(s), fruit(s), full-strength juice[12]	½ cup	½ cup	¾ cup
Bread and Bread Alternates[3]			
Enriched or whole-grain bread	½ slice	½ slice	1 slice
Cereal (cold, dry)	¼ cup or 1/3 oz[4]	⅓ cup or ½ oz[4]	¾ cup or 1 oz[4]
Cooked pasta or noodle products	¼ cup	¼ cup	½ cup
Cooked cereal or cereal grains	¼ cup	¼ cup	½ cup
Nonsweet snack products[14]	½ serving	½ serving	1 serving
Meat and Meat Alternates[7]			
Lean meat or poultry or fish[8]	½ oz	½ oz	1 oz
Cheese	½ oz	½ oz	1 oz
Eggs	½ egg	½ egg	1 egg
Cooked dry beans or peas[9]	⅛ cup	⅛ cup	¼ cup
Peanut butter, soynut butter, or other nut or seed butters	1 Tbsp	1 Tbsp	2 Tbsp
Peanuts, soynuts, or tree nuts or seeds[10]	½ oz	½ oz	1 oz
Yogurt, plain or flavored, unsweetened or sweetened[13]	2 oz or ¼ cup	2 oz or ¼ cup	4 oz or ½ cup

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[1] Includes whole milk, lowfat milk, skim milk, cultured buttermilk, or flavored milk made from these types of fluid milk which meet state and local standards. Milk served at a meal service cannot be re-served.
[2] Or an equivalent quantity of any combination of vegetable(s), fruit(s), and juice.
[3] Or an equivalent quantity of any combination of bread/bread alternate.
[4] Either volume (cup) or weight (ounce), whichever is less.
[5] Must include at least two kinds.
[6] Full-strength vegetable or fruit juice may be counted to meet not more than ½ of this requirement.
[7] Or an equivalent quantity of any combination of meat/meat alternate.
[8] Cooked lean meat without bone.
[9] May be used as the meat alternate or as part of vegetable/fruit component, but not as both components in the same meal.
[10] Tree nuts and seeds that may be used as meat alternates are listed in program guidance.
[11] No more than 50 percent of the requirement shall be met with nuts or seeds. Nuts and seeds shall be combined with another meat/meat alternate to fulfill the requirement. For purposes of determining combinations, one ounce of nuts or seeds is equal to one ounce of cooked lean meat, poultry, or fish.
[12] Juice may not be served when milk is served as the only other component.
[13] Applies to commercially prepared yogurt, lowfat yogurt, and nonfat yogurt. It does not apply to nonstandardized yogurt products, such as frozen yogurt, yogurt-flavored products, yogurt bars, yogurt-covered fruit or nuts. Commercial flavorings may be added, such as fruit, fruit juice, nuts, seeds, granola, etc., but they shall not be credited toward meeting the second food component requirement in the supplement.
[14] Includes such products as hard pretzels or chips made of whole-grain or enriched meal or flour.

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PLANNING FOODS FOR INFANTS

Because infants (birth to one year) are so vulnerable nutritionally, you should design their feedings to meet individual needs by utilizing the USDA Infant Meal Patterns and any documented alteration of the meal pattern as described by the child's doctor (must have statement on file).

In order to claim for reimbursement for infant meals, all components required at each meal must be provided by the facility, including formula or milk. Meals containing formula or breast milk provided by parents, served to infants four months of age or older, may be claimed for reimbursement when the other meal component or components are supplied by the child care facility. The facility must also document the information concerning infant meals, including the child's name, age, dates, and actual components served to each infant at each meal service.

CHILD AND ADULT CARE FOOD PROGRAM
INFANT MEAL PATTERN

BREAKFAST	BIRTH THROUGH 3 MONTHS	4 THROUGH 7 MONTHS	8 THROUGH 11 MONTHS
	4-6 fluid oz formula[1] or breast milk[5]	4-8 fluid oz formula[1] or breast milk[5] 0-3 Tbsp infant cereal[2] (optional)	6-8 fluid oz formula[1], breast milk[5], or whole milk 2-4 Tbsp infant cereal[2] 1-4 Tbsp fruit and/or vegetable
LUNCH/SUPPER			
	4-6 fluid oz formula[1] or breast milk[5]	4-8 fluid oz formula[1] or breast milk[5] 0-3 Tbsp infant cereal[2] (optional) 0-3 Tbsp fruit and/or vegetable (optional)	6-8 fluid oz formula[1], breast milk[5], or whole milk ***AND*** 1-4 Tbsp fruit and/or vegetable ***AND ONE OF THE FOLLOWING:*** 2-4 Tbsp infant cereal[2] and/or 1-4 Tbsp meat, fish, poultry, egg yolk, or cooked dry beans or peas, or 1/2-2 oz cheese or 1-4 oz cottage cheese, cheese food, or cheese spread
SUPPLEMENT			
	4-6 fluid oz formula[1] or breast milk[5]	4-6 fluid oz formula[1] or breast milk[5]	2-4 fluid oz formula[1], breast milk[5], whole milk, or fruit juice[3] 0-1/2 slice bread[4] or 0-2 crackers (optional)

[1] Shall be iron-fortified infant formula.
[2] Shall be iron-fortified dry infant cereal.
[3] Shall be full-strength fruit juice.
[4] Shall be from whole-grain or enriched meal or flour.
[5] Meals containing only breast milk are not reimbursable.

NOTE: *DO NOT SERVE HONEY OR USE HONEY IN FOOD SERVED TO INFANTS UNDER ONE YEAR OLD.*

Appeal Procedures

An institution will be notified in writing by certified mail, return receipt requested, of the grounds upon which the State Department of Education (SDE) based its action. The notice will inform the institution of its right to appeal. Two types of appeals are authorized:

A. The institution may request a review of the records. Upon receipt of such a request, the SDE will appoint a review official to conduct the review.
OR
B. The institution may request a hearing. Upon receipt of a request for a hearing, the SDE will appoint a review official to conduct the hearing.

The written request for a review of records or for a hearing must be filed by the institution no later than 15 calendar days from the date the institution receives the notice of action. A hearing will be held by the review official in addition to, or in lieu of, a review of written information submitted by the institution ***ONLY IF*** the institution so specifies in the letter requesting the appeal. Therefore, the written request ***MUST SPECIFY*** which type of appeal is requested. The SDE will acknowledge the receipt of the request for appeal within ten calendar days.

The institution may refute the information contained in the notice of action in person and by written documentation presented to the review official. In order to be considered, written documentation must be filed with the review official no later than 30 calendar days after the institution received the notice of action. The institution may be represented by legal counsel or another person. The following applies to the two types of appeals:

A. Review of the Records

Upon receipt of an appeal requesting a review of the records, the review official will notify the institution and the SDE of the timelines for submission of documents.

Failure to submit written documentation to refute the action taken by the SDE within the 30-day time period will constitute the institution's waiver of the appeal, resulting in the action taken by the SDE being upheld.

B. Hearing

Upon receipt of an appeal requesting a hearing, the review official will notify the institution and the SDE of the timelines for submission of documents.

Written documentation submitted after the 30-day time period will not be considered at any point during the appeal process, including the hearing.

If the institution chooses to be represented by legal counsel, it will notify the Child Nutrition Programs Executive Director of the counsel's name and address.

The institution and the SDE will be notified by certified mail of the time, date, and place of the hearing. The notice must be provided at least ten calendar days prior to the hearing.

Failure of the institution or its representative to appear at a scheduled hearing will constitute the institution's waiver of the right to a personal appearance before the review official, unless the review official agrees to reschedule the meeting.

The SDE will have representatives in attendance at the hearing who may provide information and documentation supporting the action taken.

Documents and information relating to the sponsoring organization and the action taken will be available for inspection and duplication pursuant to Open Records Fee Schedule at the office of Child Nutrition Programs.

1. The review official will be an independent and impartial official other than, and not accountable to, any person authorized to make decisions that are subject to appeal.

2. The review official will make a determination based on information provided by the SDE, the institution, and the laws and regulations governing the Child and Adult Care Food Program.

3. Within 60 calendar days of receipt of the request for review, the review official's determination will be delivered to the institution and the SDE.

4. The SDE's action will remain in effect during the appeal process. However, participating institutions and facilities may continue to operate under the Program during an appeal of termination, unless the action is based on imminent danger to the health or welfare of Program participants. If the institution has been terminated for this reason, the SDE will so specify in its notice of action. Institutions electing to continue operation while appealing termination will not be reimbursed for any meals served during the period of the appeal if the SDE's action is upheld.

5. The determination of the review official is the final administrative determination to be afforded the sponsoring organization.

6. Pursuant to federal regulations, appeals will not be allowed on decisions made by Food and Nutrition Service (FNS) on requests for exceptions to the claims submission deadlines or requests for upward adjustments to claims.

Grounds for Denial, Termination, and Appeal

GROUNDS FOR DENIAL OF APPLICATION OR TERMINATION OF PROGRAM PARTICIPATION INCLUDE, BUT ARE NOT LIMITED TO, ANY OF THE FOLLOWING:

1. Noncompliance with applicable bid procedures and contract requirements of federal Child Nutrition Program (CNP) regulations.
2. Submission of false information to the State Department of Education, hereinafter referred to as the *State Agency*.
3. Failure to return to the State Agency any advance payments which exceed the amount earned for serving eligible meals or failure to return disallowed start-up payments.
4. Failure to maintain adequate records.
5. Failure to adjust meal orders to conform to variations in the number of participating children.
6. Claiming of Program payments for meals not served to participating children.
7. Service of a significant number of meals which did not include required quantities of all meal components.
8. Continued use of food service management companies (FSMC) that are in violation of health codes.
9. Failure of a sponsoring organization to disburse payments to its facilities in accordance with its management plan.
10. A history of administrative or financial mismanagement in any federal Child Nutrition Program.
11. Violation of any Child and Adult Care Food Program (CACFP) requirements.

INSTITUTIONAL GROUNDS FOR APPEAL INCLUDE:

1. Denial of application for participation.
2. Denial of an application submitted by a sponsoring organization on behalf of a facility.
3. Termination of the participation of an institution or facility.
4. Suspension of an institution's agreement.
5. Denial of an advance payment.
6. Denial of all or part of a claim for reimbursement.
7. Denial of application for start-up payments.
8. Demand for remittance of an overpayment.
9. Any State Agency action affecting participation or claim for reimbursement.

STANDARD FORM - LLL

DISCLOSURE OF LOBBYING ACTIVITIES
APPROVED BY OMB
COMPLETE THIS FORM TO DISCLOSE LOBBYING ACTIVITIES PURSUANT TO
31 U.S.C. 1352
(SEE REVERSE FOR PUBLIC DISCLOSURE)

1. **Type of Federal Action:** ☐
   - a. Contract
   - b. Grant
   - c. Cooperative Agreement
   - d. Loan
   - e. Loan Guarantee
   - f. Loan Insurance

2. **Status of Federal Action:** ☐
   - a. Bid/Offer/Application
   - b. Initial Award
   - c. Postaward

3. **Report Type:** ☐
   - a. Initial Filing
   - b. Material Change

For Material Change Only:
Year______ Quarter________
Date of Last Report________

4. **Name and Address of Reporting Entity:**
☐ Prime ☐ Subawardee
Tier __________, if known:
Congressional District, if known:

5. **If Reporting Entity in No. 4 Is Subawardee, Enter Name and Address of Prime:**
Congressional District, if known:

6. **Federal Department/Agency:**

7. **Federal Program Name/Description:**
CFDA Number, if applicable: ________________

8. **Federal Action Number, if known:**

9. **Award Amount, if known:**
$ ________________________________

10. a. **Name and Address of Lobbying Entity** *(If individual, last name, first name, MI):*

b. **Individual Performing Services** *(Including address if different from No. 10a) (Last name, first name, MI)*

11. **Amount of Payment** (check all that apply):
$ ________________________________
Actual ☐ Planned ☐

12. **Form of Payment** (check all that apply):
a. Cash Nature__________
b. In-kind; specify: Value__________

13. **Type of Payment** (check all that apply):
- ☐ a. Retainer
- ☐ b. One-Time Fee
- ☐ c. Commission
- ☐ d. Contingent Fee
- ☐ e. Deferred
- ☐ f. Other; specify:________________

14. **Brief Description of Services Performed or to Be Performed and Date(s) of Service, including officer(s), employee(s), or member(s) contracted for payment indicated in Item 11:**

(Attach Continuation Sheet[s], if necessary)

15. **Continuation Sheet(s) Attached:** Yes ☐ No ☐

16. Information requested through this form is authorized by Title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which evidence was placed by the above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semiannually and will be available for public inspection. Any person who fails to file the required disclosures shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Signature:________________
Print Name:________________
Title:________________
Telephone Number:________________
Date:________________

Federal Use Only

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INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime federal recipient, at the initiation or receipt of a covered federal action or a material change to a previous filing, pursuant to Title 31 U.S.C. Section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered federal action. Use a Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget (OMB) for additional information.

1. Identify the type of covered federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered federal action.
2. Identify the status of the covered federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered federal action.
4. Enter the full name, address, city, state, and zip code of the reporting entity. Include Congressional district, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee (e.g., the first subawardee of the prime is the first tier). Subawards include, but are not limited to, subcontracts, subgrants, and contract awards under grants.
5. If the organization filing the report in Item 4 checks "Subawardee," then enter the full name, address, city, state, and zip code of the prime federal recipient. Include Congressional District, if known.
6. Enter the name of the federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example: Department of Transportation, United States Coast Guard.
7. Enter the federal program name or description for the covered federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate federal identifying number available for the federal action identified in Item 1 (e.g., Request for Proposal [RFP] number; Invitation for Bid [IFB] number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the federal agency). Include prefixes (e.g., "RFP-DE-90-001").
9. For a covered federal action where there has been an award or loan commitment by the federal agency, enter the federal amount of the award/loan commitment for the prime entity identified in Item 4 or Item 5.
10. a. Enter the full name, address, city, state, and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered federal action.

    b. Enter the full name(s) of the individual(s) performing services, and include full address if different from 10a. Enter last name, first name, and middle initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate item. Check all items that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box. Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with federal officials. Identify the federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether Continuation Sheets are attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

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Nondiscrimination

"The Program applicant hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the regulations of the Department of Agriculture (7 CFR Part 15), Department of Justice (28 CFR Parts 42 and 50), and Food and Nutrition Service (FNS) directives or regulations issued pursuant to that Act and the regulations to the effect that no person in the United States shall, on the grounds of race, color, national origin, sex, age, or disability, be excluded from participation in, be denied the benefits of, or be otherwise subject to discrimination under any program or activity for which the Program applicant received federal financial assistance from the United States Department of Agriculture (USDA); and hereby gives assurance that it will immediately take any measures necessary to effectuate this Agreement.

This assurance is given in consideration of and or for the purpose of obtaining any and all federal financial assistance, grants, and loans of federal funds, reimbursable expenditures, grants, or donations of federal property and interest in property, the detail of federal personnel, the sale and lease of, and the permission to use, federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration which is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with federal financial assistance extended to the Program applicant by the Department. This includes any federal agreement, arrangement, or other contract which has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.

By accepting this assurance, the Program applicant agrees to compile data, maintain records, and submit reports as required, to permit effective enforcement of Title VI and permit authorized USDA personnel during normal working hours to review such records, books, and accounts as needed to ascertain compliance with Title VI. If there are any violations of this assurance, the Department of Agriculture Food and Nutrition Service shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Program applicant, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from the United States Department of Agriculture. The person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Program applicant."

I certify that the site(s) have been visited and the information is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

SIGNATURE ON BEHALF OF SPONSOR:	**STATE DEPARTMENT OF EDUCATION**
Signature	Signature
Title	**Executive Director** Title
Name of Sponsor Organization	**Child Nutrition Programs**
Date	Date

EXAMPLE

FDCH-1

OKLAHOMA STATE DEPARTMENT OF EDUCATION

Sandy Garrett, State Superintendent of Public Instruction

INITIAL SPONSOR APPLICATION/MANAGEMENT PLAN

Fiscal Year: 2000

INSTRUCTIONS: Complete in duplicate. Type or print clearly all information. Submit both copies to the Oklahoma State Department of Education (State Agency).

1. Name and mailing address, including zip code + 4. All correspondence will be mailed to this address.

Big Bucks CAP
112 Fast Lane Drive
Anywhere, OK 78910

Telephone Number: (580) 444-3210

Operating Hours of Organization: 8 a.m. to 5 p.m.

Federal Employee Identification (FEI) Number: 42356789

AGREEMENT NUMBER: H-90-01

2. Type of applicant. Check appropriate box, and attach documentation requested.

☐ Public (Government-Funded)

☒ Private Nonprofit (Attach copy of tax exemption from the Internal Revenue Service [IRS] or application for tax-exempt status.)

3. Total dollar amount of federal funds received by sponsoring organization during prior fiscal year (October 1 through September 30).

$ 253,125.00
(Excluding CACFP* reimbursement)

4. Other federally funded programs organization participates in: Child Care Development Fund, Weatherization

5. a. Number of family day care homes (FDCH) under your administration: 118

b. Total number of children: 826

c. Describe how above data was obtained: from FDCH provider enrollment data, provider applications

6. List sources of cash income specified for food service other than CACFP reimbursement: None

7. Describe procedures for collecting the following records for each family day care home as outlined in the Agreement(s) (FDCH-1E and FDCH-5):

Method used: Mail, hand delivery to our office

Frequency: Claims—monthly; enrollments—as enrolled; income applications—as received.

Location of records: Big Bucks CAP, 112 Fast Lane Drive, Anywhere, OK 78910

8. Procedure for disbursing CACFP reimbursement to family day care homes: (All operating reimbursement claimed by family day care homes must be disbursed within five working days of receipt of the Notice of Payment from the State Agency.) Checks are mailed to the providers' home addresses or picked up by the providers.

*Child and Adult Care Food Program

BEST COPY AVAILABLE

9. Administrative Personnel: Report administrative personnel involved in administration of the CACFP pertaining to family day care homes. Report all personnel, even if they will not be claimed as administrative labor. The staffing pattern must reflect sufficient administrative capability.

TYPE OF POSITION	SPECIFIC ADMINISTRATIVE DUTIES	NUMBER OF PERSONNEL IN THIS POSITION	NO. OF HOURS PER DAY SPENT ON CACFP DUTIES	SALARY PER HOUR (INCLUDE FRINGE BENEFITS)	NO. OF DAYS PER YEAR	SOURCE OF FUNDS FOR SALARY
Exec Director	Overall manager	1	1	$30.00	260	CACFP
Coordinator	Supervises	1	8	$20.00	260	CACFP
Monitors	Review homes, Misc. tasks	2	8	$10.00	260	CACFP
Sec/Rec	Clerical duties	1	8	$7.00	260	CACFP
Financial Ofcr	Accounting	1	1	$20.00	260	CACFP

10. Annual Administrative Budget: Report estimated annual budget for sponsorship of family day care homes. Enter only those costs which will be claimed. Entries in Column II indicate the maximum level established by the State Agency for administrative reimbursement.

ITEM	COLUMN I AMOUNT	FOR STATE OFFICE USE ONLY COLUMN II AMOUNT
a. Administrative Labor	$91,000.00	
b. Office Supplies	$2,000.00	
c. Postage	$2,600.00	
d. Mileage Allowance for Monitoring	$4,000.00	
CACFP's Share of:		
e. Audit	$1,500.00	
f. Telephone	$3,000.00	
g. Office Rental and Maintenance	$4,500.00	
h. Utilities for Office	$.00	
i. Other; specify: Printing, training, insurance, etc.	$6,500.00	
TOTAL ADMINISTRATIVE BUDGET	$115,100.00	

11. What method(s) will your organization use to make Tier I determinations? (Mark all that apply.)

☒ Use elementary school data to determine if a provider is located in a low-income area.

☒ Use census data to determine if a provider is located in a low-income area.

☒ Obtain and verify family-size and income information from the provider to determine if the provider meets income-eligibility requirements.

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12. What method will your organization use to reevaluate the tiering status of homes as new school and census data become available?

☒ Use the new elementary school data information, when received from the State Agency, to reevaluate the status of Tier II homes that may now be eligible for Tier I status.

☒ Use the new census data information, when it becomes available, to reevaluate Tier II homes that may now be eligible for Tier I status.

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13. What method(s) will your organization use to verify provider's income prior to classifying him/her as Tier I based on family size and income? (Mark all that apply.)

☒ Written information: Obtain written evidence of income, such as check stubs, letters from employers, IRS tax information, award letters, or documentation that verifies current participation in a program that established categorical eligibility (food stamps, TANF*, Head Start, etc.).

☒ Collateral Contacts: Obtain and document verbal confirmation of a provider's income or participation in a program that establishes categorical eligibility from persons outside the provider's household, such as employers, social service agencies, migrant agencies.

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14. What method(s) will your organization use to inform providers of the choices available to Tier II family day care homes for determining Tier I eligibility for enrolled children and for reimbursement? (Mark all that apply.)

☒ Give providers a written and a verbal explanation at a group meeting/training session, and certify their choice on the Family Day Care Home Provider Information form. (See FDCH-4A, For Sponsor Use Only.)

☒ Give providers an individual written and verbal explanation, and certify their choice on sponsor/provider application.

☐ Other: (Provide a detailed explanation.)

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*Temporary Assistance for Needy Families

15. What method(s) will your organization use to inform potential/new providers of the choices available to Tier II family day care homes for determining Tier I eligibility for enrolled children and for reimbursement? (Mark all that apply.)

☐ Give potential providers a written and a verbal explanation when first contacting them about Program participation.

☒ Give new providers a written and a verbal explanation at their preapproval visit, and certify their choice of a reimbursement option on the sponsor/provider application.

☐ Other: (Provide a detailed explanation.)

---

16. What method will your organization use to reimburse providers? (Check one.)

☒ Actual meal counts

☐ Claiming percentage (must submit, for approval, form[s] used for documentation)

☐ Blended rate (must submit, for approval, form[s] used for documentation)

---

17. If "claiming percentage" or "blended rate" was selected above, indicate the basis for determining the percentage of children eligible for Tier I and Tier II reimbursement rates. (Mark only one.)

☐ Enrollment list for the month used for the determination

☐ Attendance information for the month used for the determination

---

18. The following method will be used to obtain family-size and income information from the households of children enrolled in Tier II family day care homes:

☐ Organization will distribute Family-Size and Income Applications to parents/guardians of enrolled children, and parents/guardians will return the applications directly to organization.

☒ Providers will distribute Family-Size and Income Applications to parents/guardians of enrolled children, and parents/guardians will return the applications directly to organization.

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19. Sponsor agrees to conduct an on-site preapproval visit to all new family day care homes applying to participate to discuss Program requirements and verify that the proposed food service does not exceed the capability of the family day care home. Sponsor agrees that this review shall be documented and kept on file.

☒ Yes

☐ No

---

20. Sponsor agrees to conduct on-site reviews at least three times each year to current providers. No more than six months shall elapse between reviews. New family day care homes must have their first review during the first four weeks of operation. Each review must include a meal analysis where children are present. If provider has been approved for weekend and/or late p.m. supplements, a review must include a visit during each of those times. Sponsor agrees that all reviews shall be documented and kept on file.

☒ Yes

☐ No

I certify that the information on this form is true and correct to the best of my knowledge and that reimbursement shall be claimed only for meals served to eligible enrolled children during the hours they are in attendance at approved family day care homes.

21.

Signature of Sponsoring Organization Administrator	Title	Date
Sam Banks	Executive Director	9/15/99

22. ***COMPLETE THE NEXT ITEM IF YOU WILL BE AUTHORIZING SOMEONE OTHER THAN YOURSELF TO REPRESENT YOUR SPONSORING ORGANIZATION IN PREPARING AND SIGNING DOCUMENTS.***

I authorize **Jennifer Jones**
Type or Print

whose signature(s) appears below, as the duly designated authorized representative of the governing body/sponsoring organization shown on this form and is fully empowered to enter into any agreement with the Oklahoma State Department of Education which may be a prerequisite to the installation and/or operation of a Child and Adult Care Food Program in the sponsoring organization shown on this form, and he/she may act for the governing body/sponsoring organization in preparing and signing other documents, reports, and claims for reimbursement pertaining to the installation and operation of the Program. The Authorized Representative signs and accepts responsibility for monthly claims for reimbursement and all correspondence from this office.

23.

Signature(s) of Authorized Representative(s)	Title	Date
Jennifer Jones	CACFP Coordinator	9/15/99

EXAMPLE

FDCH-1A

Civil Rights Compliance

SPONSOR: Big Bucks CAP AGREEMENT NUMBER: H-90-01

Compliance with Title VI of the Civil Rights Act of 1964 is required for participation in the Child and Adult Care Food Program (CACFP) per United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) Instruction 113-4.

1. List the Sponsoring Organization's efforts to assure that minority populations have an equal opportunity to participate in Program operations. (Minority is defined as: a person or group of persons belonging to the protected classes covered by Title VI of the Civil Rights Act of 1964 and later specified by the Office of Management and Budget [OMB] as: [1] American Indian or Alaskan Native, [2] Asian or Pacific Islander, [3] Black [not of Hispanic origin], and [4] Hispanic.)

   Outreach training in low-income areas, distribution of CACFP brochures and information by DHS licensing; collaboration with DHS family support staff.

2. List the Sponsoring Organization's efforts to contact minority and grassroots organizations about the opportunity to participate in the Program. (Grassroots organization is defined as: any organization at the local level which interacts directly with potential participants or beneficiaries, such as a community action program, civic organization, migrant group, church, neighborhood council, local chapter of the National Association for the Advancement of Colored People [NAACP], or other similar group.)

   Work with Anywhere Public Schools, Anywhere Children's Coalition, Anywhere Public Library

Estimate of Potential Eligible Beneficiaries

Instructions for Determining Number of Potential Eligible Beneficiaries

In order to determine the number of potential eligible beneficiaries of the Child and Adult Care Food Program, the following information must be obtained. An estimate of the number of all children under the age of 12 within the area from which the sponsoring organization draws its attendance is to be indicated according to the racial/ethnic categories shown below. Sources used to obtain this information might include census data or public school enrollment data.

Sponsor's Estimated Number of Potential Eligible Beneficiaries by Racial/Ethnic Category for the Area Served

BLACK	HISPANIC	AMERICAN INDIAN/ ALASKAN NATIVE	ASIAN/PACIFIC ISLANDER	WHITE
13,452	2,021	3,523	1,433	55,423

Source(s) used to obtain estimated number of eligible beneficiaries: Surrounding counties census data

EXAMPLE

Public Release Statement

It is required that all Sponsoring Organizations make available to the local information media a public release announcing the availability of the Child and Adult Care Food Program (CACFP). The media to which the release is submitted should be in the area from which the sponsoring organization draws its attendance. The release must state that all meals are available to any enrolled child in attendance at no separate charge regardless of race, color, national origin, sex, age, or disability, and that there is no discrimination in the course of the food service. The complaint-filing procedures must also be included.

DIRECTIONS FOR SUBMITTING PUBLIC RELEASE STATEMENT: Attach a copy of the actual release statement sent to the media along with the correspondence requesting publication. The correspondence must include the name of the media and the date the release was submitted.

ALL SPONSORS PROVIDE THIS INFORMATION:

Name of Media: Anywhere Newspaper

Date Submitted: 9/13/99

Name of Sponsor: Big Bucks CAP, as a participant of the Child and Adult Care Food Program, announces the

availability of free meals for all children without regard to race, color, national origin, sex, age, or disability. The Child and Adult Care Food Program is an equal opportunity program. If you believe you have been discriminated against because of race, color, national origin, sex, age, or disability, write immediately to the Oklahoma State Department of Education, Child Nutrition Programs, 2500 North Lincoln Boulevard, Room 310, Oklahoma City, Oklahoma 73105-4599, or the Secretary of Agriculture, Washington, D.C. 20250.

FDCH-1C

EXAMPLE

OKLAHOMA STATE DEPARTMENT OF EDUCATION

Sandy Garrett
State Superintendent of Public Instruction

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) POLICY STATEMENT

THE SPONSORING ORGANIZATION AGREES THAT IT SHALL:

1. Serve meals at no separate charge, regardless of race, color, national origin, sex, age, or disability, and that there is no discrimination in the course of food service.
2. Ensure there is no overt identification of children in Tier II family day care homes that elect to receive Tier I reimbursement for eligible children.
3. Not release free and reduced-price eligibility information for individual children.
4. Limit access to free and reduced-price eligibility information to persons who need the information for the administration and enforcement of the Child and Adult Care Food Program.

SPONSORING ORGANIZATION	STATE AGENCY USE ONLY
Sam Banks	
Signature of Administrator	Signature
Executive Director	**Executive Director**
Title	Title
9/15/99	
Date	Date

EXAMPLE

FDCH-1D
(Rev. 5/97)

OKLAHOMA STATE DEPARTMENT OF EDUCATION

Sandy Garrett
State Superintendent of Public Instruction

FAMILY DAY CARE HOMES (FDCH) ELECTRONIC FUNDS TRANSFER AUTHORIZATION

FOR CHANGE/NEW INSTITUTIONS ONLY

The Cash Management Improvement Act (P.L. 101-453) mandates that all federal reimbursements be deposited directly in an account by electronic transfer. In order to receive reimbursement for family day care homes, this form must accompany the FDCH Application and Agreement.

Agreement Number: H-90-01

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

1. CLASS NAME: CAC
2. NAME OF FDCH INSTITUTION: Big Bucks CAP
3. FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER: #42356789
   (Tax Identification Number or Social Security Number)
4. ADDRESS OF FDCH INSTITUTION: 112 Fast Lane Drive CITY: Anywhere STATE: OK ZIP: 78910
5. AGENCY NAME: State Department of Education AGENCY NUMBER: 265
6. TELEPHONE NUMBER: Work (580)444-3210
7. FINANCIAL INSTITUTION: Piggy Bank and Loan
   (Bank where reimbursements will be deposited)
8. SIGNATURE OF FDCH AUTHORIZED REPRESENTATIVE:
   Sam Banks
9. DATE: 9/15/99

I hereby authorize the State of Oklahoma Treasury, hereinafter called TREASURY, to initiate credit entries and to initiate, if necessary, debit entries as adjustments for any x checking or ______ savings account indicated below and the financial institution named above, hereinafter called DEPOSITORY, to credit and/or debit the same amount(s) owed by or due to me by the State of Oklahoma. This authority is to remain in full force and effect until TREASURY has received written notification from me of its termination in such time and in such manner as to afford TREASURY and DEPOSITORY a reasonable opportunity to act on it.

10. 104903723
    BANK TRANSIT/ABA NUMBER
    (Bank routing number. Call the bank for assistance)

11. 5-918-970
    CHECKING/SAVINGS ACCOUNT #
    (Call bank for assistance)

- Attach voided check here (deposit slips are not accepted).
- Please mail the completed form to:

Oklahoma State Department of Education
Child Nutrition Programs, Room 310
Attention: Electronic Funds Transfer
2500 North Lincoln Boulevard
Oklahoma City, Oklahoma 73105-4599

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FDCH-1E
(Rev. 2/99)

EXAMPLE

STATE DEPARTMENT OF EDUCATION Sandy Garrett State Superintendent of Public Instruction	Big Bucks CAP (Name of Sponsor)
CHILD NUTRITION PROGRAMS	112 Fast Lane Drive, Anywhere, OK 78910 (Address of Sponsor)
SPONSORING ORGANIZATION FOR DAY CARE HOMES AGREEMENT	H-90-01 (Agreement Number)
CHILD AND ADULT CARE FOOD PROGRAM	

INSTRUCTIONS: (1) *Signing of Agreement*—An original and one copy of this Agreement must be signed and submitted with the application to Child Nutrition Programs (CNP). (2) *Use of Schedule A*—The sponsoring organization must enter the name and location of each family day care home in Schedule A of this form. If more space is required, attach additional sheets. (3) *Sponsoring Organization's Copy*—When this Agreement is approved, a copy will be returned for the Sponsoring Organization's files.

For the purpose of this Agreement, the following terms shall mean respectively:

A. Attendance: An enrolled child who is in attendance at least one day during the month. This child may or may not have participated in a reimbursable meal service.

B. Census Data: A geographic area in which 50 percent of the children residing in the area are members of households whose incomes meet the income-eligibility guidelines for free or reduced-price meals.

C. Children: (1) Persons 12 years of age and under, (2) children of migrant workers 15 years of age or less, and (3) mentally or physically disabled persons, as defined by the state, enrolled in an institution or a child care facility serving a majority of persons 18 years of age and under.

D. Economic Unit: A group of related or unrelated individuals who are not residents of an institution or boarding house, but who share housing and/or all significant income and expenses.

E. Enrolled Child: Child whose parent or guardian has submitted to a family day care home a signed document (Department of Human Services [DHS] enrollment card) which indicates that the child is enrolled for child care. This child may or may not have participated in a reimbursable meal service.

F. Expanded Categorical Eligibility: Children in Tier II family day care homes who are considered categorically eligible by virtue of their participation, or their parent's participation, in a federally or state-supported program with an income-eligibility limit that does not exceed the standard for free or reduced-price meals. In this situation, the family day care home would receive the Tier I reimbursement rates for meals served to the categorically eligible children.

G. Family Day Care Home (FDCH): A licensed, organized family day care program for enrolled children, in a private nonresidential home, under the auspices of a sponsoring organization.

H. Family/Household: A group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

I. Fiscal Year: A period of 12 months beginning with October 1 of any calendar year and ending with September 30 of the following calendar year.

J. Foster Child: A child who is a ward of the court or welfare agency and has been placed in residence in a private household. Reimbursement may be claimed for a foster child as long as the child is not residing with the FDCH provider. A foster child is not considered part of the family in which he/she resides; therefore, he/she is considered a family of one when completing a Family-Size and Income Application (FSIA). For Sponsoring Organizations operating in the state of Oklahoma, it is unlawful for a family day care home provider to also provide foster care to children.

K. Low-Income Provider (LIP): A provider whose household meets the income eligibility guidelines for free or reduced-price meals and whose income is verified by the sponsoring organization.

L. Meal: Food which is served to enrolled children during their attendance at a family day care home and which meets the nutritional requirements of Schedule B attached hereto.

M. Nonresidential: Children who are not maintained in care for more than 24 hours on a regular basis.

N. Participant: An enrolled child who participates in at least one reimbursable meal service during a month. This is also referred to as *CACFP Enrollment*.

O. Provider's Own Children: Natural children, adopted children, children by legal guardianship, and/or all residential children living in the provider's own home who are part of the economic unit of the family.

P. School Data: A family day care home that is served by an elementary school in which at least 50 percent or more of the students enrolled are certified eligible to receive free or reduced-price school meals. (A list of elementary eligible schools is provided annually to the sponsoring organization by the State Department of Education [SDE].)

Q. Sponsoring organization: Any public or private nonprofit organization responsible for the administration of one or more family day care homes.

R. Tier I Home (I): An FDCH provider who qualifies as a Tier I home based on school data, census data, or household income.

S. Tier II-All Higher Home (II-H): Tier II day care home where ***ALL*** children are certified as eligible for the higher reimbursement rate, based on Family-Size and Income Applications (FSIAs) obtained on enrolled children.

T. Tier II-All Lower Home (II-L): Tier II day care home where ***NONE*** of the children are certified as eligible for the higher reimbursement rate.

U. Tier II-Mixed Home (II-M): Tier II day care home enrolling at least one child in each reimbursement category (higher and lower).

In order to effectuate the purpose of Section 17 of the National School Lunch Act, amended by Public Law 95-627, and the regulations (7 CFR Part 226) governing the Child and Adult Care Food Program (CACFP) issued thereunder referred to as the "Program," the State Department of Education, hereinafter referred to as the "State Agency," and the sponsoring organization whose name and address appear on page 1 of this Agreement, acting on behalf of each family day care home listed on Schedule A of this Agreement, covenant and agree as follows:

THE STATE AGENCY AGREES THAT IT SHALL:

1. Reimburse the sponsoring organization in connection with meals served in accordance with 7 CFR 226.20 to enrolled children of the family day care homes listed in Schedule A.

2. Reimburse the sponsoring organization for administrative costs in accordance with 7 CFR 226.12.

3. Provide the sponsoring organization with the statewide elementary school listing indicating all elementary schools that meet the 50 percent eligibility criteria.

4. Change the determination of a Tier I day care home if information becomes available indicating that a home is no longer in a qualified area.

5. Establish an overclaim against the sponsoring organization of family day care homes that improperly classifies a home as a Tier I family day care home, unless the State Agency determines, in accordance with Food and Nutrition Service (FNS) guidance, that the misclassification was inadvertent.

6. Retain the authority to determine the limits of a reasonable budget, depending upon the size of the Program, duties, and economic conditions of the locale. Adjustments, revisions, or amendments to the budget shall become a part of the budget process. Any budget increase shall be justified in writing before approval by the State Agency and shall not be approved retroactively.

7. Place a cap on the number of family day care homes to participate with a sponsoring organization when deficiencies in administrative or financial capabilities are noted during a review or audit due to insufficient management of the CACFP. The sponsoring organization shall not be allowed to approve any additional family day care homes until it has demonstrated that it can effectively manage the CACFP.

8. Not make payments for meals or administration of any family day care home approved unless the family day care home has operated at least ten days in the first claiming month of Program participation.

9. Allow FDCH providers to operate more than five days per week when justification is available at the sponsoring organization.

10. Not approve meal services between the hours of 10 p.m. and 5 a.m.

11. Promptly notify the sponsoring organization of any changes in minimum meal requirements or in the assigned rates of reimbursment.

12. Not make any change in the minimum meal requirements to become effective in less than 60 days after publication of notice thereof.

13. Disallow payment(s) to the sponsoring organization submitting a claim 60 days after the month which is being covered by the claim and an amended claim submitted after 90 days.

14. Provide technical and supervisory assistance to the sponsoring organization to facilitate effective operations and monitor compliance with all federal regulations and state requirements.

15. Terminate a sponsoring organization for serious deficiencies such as fraud or misuse of funds when corrective action would not be practical. The Sponsoring Organization's agreement with the CACFP shall be terminated in accordance with uniform Federal Assistance Regulation as referenced in Section 226.5(a) of CACFP regulations.

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THE SPONSORING ORGANIZATION AGREES THAT IS SHALL:

1. Develop policies for providers pertaining to State Agency procedures. Inform all providers of CACFP regulations and State Agency policies upon signature of sponsor/provider annual agreement.

2. Collect enrollment information on children participating in the CACFP at all family day care homes listed in Schedule A. Ensure that all children with enrollment data will have the opportunity to participate in the Child and Adult Care Food Program.

3. Comply with the Office of Management and Budget (OMB) Circular A-133 and the United States Department of Agriculture (USDA) Uniform Assistance Regulations (7 CFR Part 3015). For Sponsoring Organizations receiving $300,000 or more in total federal funds in the previous fiscal year, an organizationwide audit covering the previous fiscal year is due in the State Agency by June 30 of the current fiscal year. Failure to submit an organizationwide audit by the due date will result in the reimbursement claims received for the remaining fiscal year being withheld until the audit is submitted.

4. Submit annually the total number of Tier I, Tier II-All Higher, Tier II-All Lower, and Tier II-Mixed family day care homes and a breakdown showing the total number of children enrolled in Tier I family day care homes, the total number of children enrolled in all types of Tier II family day care homes, and the number of identified income-eligible children enrolled in Tier II-Mixed family day care homes.

5. Make available to the local information media a public release announcing the availability of meals of all enrolled children. The media to which the release is submitted should be in the area from which the sponsoring organization draws its attendance. The release must state that meals are available at no separate charge to enrolled children regardless of race, color, national origin, sex, age, or disability.

6. Display, in a prominent place, the nondiscrimination poster developed by USDA and have complaint-filing procedures on file.

7. Demonstrate that it is a public institution or is a nonprofit private organization which:

   a. Maintains tax-exempt status under the Internal Revenue Code of 1954.

   b. Has applied to the Internal Revenue Service (IRS) for tax-exempt status. The sponsoring organization may participate in the Program while its application is pending review by the IRS. It shall, however, be the responsibility of the institution to document that it has complied with all requirements of the IRS and has provided all information requested. If the IRS denies the application for tax-exempt status, the institution shall immediately notify the State Agency of such denial. The State Agency shall then terminate the participation of the institution. If IRS certification of tax-exempt status has not been received within six months of filing the application with the IRS, and the IRS indicates that the institution has failed to provide all required information, the State Agency shall terminate the participation of the institution until such time as IRS tax-exempt status is obtained.

   c. Is currently participating in another federal program which requires nonprofit status.

8. Make Tier I FDCH determinations based on either elementary school eligibility data or census data for providers who cannot demonstrate that their household income meets the free or reduced-price eligibility standards.

9. Use the most current available data in making the determination of a family day care home's eligibility as a Tier I family day care home. The determination shall be valid for one year if based on a provider's household income, three years if based on school data, or until more current data is available if based on census data.

10. Change the determination of a Tier I family day care home if information becomes available indicating that a home is no longer in a qualified area.

11. Notify family day care homes qualifying as Tier II homes of their reimbursement options.

12. Be responsible, when requested by a provider qualifying as a Tier II home, to collect income applications, to determine the eligibility of children, and to maintain the confidentiality of the information collected.

13. Have the responsibility of informing providers of their reimbursement options under the law.

14. Not make payments for meals to any family day care home approved ***UNLESS*** the family day care home has operated at least ten days of meal service in the first claiming month of Program participation.

15. Approve applications for FDCH providers for no more than five days per week unless the sponsoring organization is furnished with justification for additional days and grants prior approval.

16. Not approve meal services between the hours of 10 p.m. and 5 a.m.

17. Make all Program records immediately available upon request by state and/or federal personnel.

18. Not pay sponsoring organization personnel on a "per unit" basis, either for recruitment or ongoing monitoring activities.

19. Submit claims for reimbursement to the State Agency by the fifteenth of the month following the month covered by the claim. In addition, any changes on provider applications or any new applications must be received in the State Agency by the fifth of each month to be considered for payment for the previous month. This includes additions, deletions, and licensing verification. Sponsors need to ensure that all applications are complete and correct.

20. Provide adequate supervisory and operational personnel for the effective management and monitoring of the Program.

21. Ensure that all children with enrollment data will have the opportunity to participate in the Child and Adult Care Food Program. Family day care home sponsors must have current, properly completed, and approved Family-Size and Income Applications on file for any providers who claim their own children's meals. Provider's own children may receive CACFP meal benefits if the provider's household qualifies for free or reduced-price meals and at least one nonresidential child, enrolled and receiving care in the provider's home, is in attendance and participating in the meal service. Households that receive food stamps, "Temporary Assistance for Needy Families" (TANF), or "Food Distribution Program on Indian Reservations" (FDPIR) benefits must contain the children's names; the food stamp, TANF, or FDPIR case number for each child; and the signature of an adult household member.

    Applications for all other households must contain: (a) children's names, (b) names of all household members, (c) the amount of income each person received last month and where it came from—which is to be totaled by the institution, and (d) the signature of an adult household member and that adult's social security number or the word *none* if the adult does not have a social security number. A properly approved Family-Size and Income Application must be dated and signed by the approving official.

22. Not use funds received for provider's payments for administrative expenses. Funds dispersed to the sponsoring organization for food service payments shall be dispersed within five working days after receipt from the State Agency to each family day care home on the basis of the number of meals, by type, served to children. Reasons for the sponsoring organization returning provider reimbursement to the State Agency include, but are not limited to:

    a. Provider moved; unable to locate.

    b. Provider's check not cashed by expiration date (imposed by sponsoring organization).

    c. Unearned provider payment discovered after claim submitted.

    d. Ineligible payment due to audit/review.

23. Not allow individuals actively engaged in the day-to-day operations of any sponsoring organization, either full-time or part-time, to participate in the CACFP as an FDCH provider.

24. Not allow any provider knowingly terminated for cause by another sponsoring organization to be approved to participate under any sponsorship for a three-year period.

25. Enter into a written agreement with state-licensed FDCH providers listed on Schedule A.

26. Not delegate the authority for the operation of their food service to any family day care home listed on Schedule A.

27. Accept final financial and administrative responsibility for the conduct of the Program for each family day care home under its jurisdiction.

28. Conduct on-site preapproval visits and training of each new family day care home prior to beginning Program operations. This review must be documented and kept on file.

29. Conduct reviews of Program operations to assess compliance with meal patterns, record keeping, and other requirements not less frequently than three times each year, with not more than six months elapsing between reviews. New family day care homes must have their first review during the first four weeks of operation. Each review must include a meal analysis where children are present. If provider has been approved for weekend and/or late p.m. supplements, a review must include a visit during each of those times. All reviews must be documented and kept on file.

30. Not allow an FDCH provider to care for another provider's own children.

31. Ensure that three hours shall elapse between the beginning of one main meal service and the beginning of the next main meal service. At least two hours shall elapse between the beginning of a main meal and the beginning of a supplement. Suppers shall not be served prior to 5 p.m. or after 8 p.m.

32. Not allow preplanned/printed menus to be used by providers to record the meal components served to children in their care and ensure that meal components are manually recorded by the provider on a meal-by-meal basis daily.

33. Maintain records for three years following the end of the fiscal year and/or until any pending audit is resolved.

34. Require all family day care homes listed in Schedule A to have state licensing as a child care facility or tribal licensing approval.

35. Meet requirements in 7 CFR Part 226 regulations.

36. Not permit any Member or Delegate to Congress, or Resident Commissioner, to any share or part of the Agreement or to any benefit that may arise therefrom; but this provision shall not be construed to extend to this Agreement if made with a corporation for its general benefit.

37. Forward money owed to the State Agency, as a result of an administrative review or audit, in a time frame set by the State Agency.

THE STATE AGENCY AND THE SPONSORING ORGANIZATION MUTUALLY AGREE:

1. That Schedule A (listing family day care homes approved by the State Agency), as well as Schedule B and attachments, shall be a part of this agreement.

2. That family day care homes may be added or deleted from Schedule A as need arises, and the reference herein to Schedule A shall be deemed to include such schedule as supplemented and amended.

3. This Agreement shall be effective with respect to meals served during the period commencing the first day of October 1999 and ending on September 30, unless terminated earlier as herein provided. The State Agency may renew this Agreement, by notice in writing given to the sponsoring organization, for such period as funds are available for carrying out the Program. This Agreement may be terminated upon ten days written notice on the part of either party hereto, and the State Agency may terminate this Agreement immediately after receipt of evidence that the terms and conditions of this Agreement and the regulations governing the Program have not been fully complied with by the sponsoring organization. Any termination of this Agreement by the State Agency shall be in accordance with applicable laws and regulations. No termination or expiration of this Agreement, however, shall affect the obligation of the sponsoring organization to maintain and retain records and to make such records available.

4. The terms of this Agreement shall not be modified or changed in any way other than by the consent in writing of both parties hereto.

5. The reporting and/or record-keeping requirements contained herein have been approved by the Bureau of the Budget in accordance with the Federal Reports Act of 1942.

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Record-Keeping Requirements

The sponsoring organization must keep full and accurate records respecting its food service to serve as a basis for the claim for reimbursement and for audit and review purposes. Those Sponsoring Organizations approved for participation in the Child and Adult Care Food Program must maintain separate records for each family day care home. The records to be maintained and available at all times at the location approved on the CACFP Sponsor Application (FDCH-1) include, but are not limited to, the following:

1. SPONSOR RECORD-KEEPING REQUIREMENTS

FDCH-1	Initial Sponsor Application/Management Plan
FDCH-1A	Civil Rights Compliance
FDCH-1B	Public Release Statement
FDCH-1C	Child and Adult Care Food Program (CACFP) Policy Statement
FDCH-1D	Family Day Care Home (FDCH) Electronic Funds Transfer Authorization, if applicable
FDCH-1E	Sponsoring Organization for Day Care Homes Agreement
FDCH-2	Basic Responsibilities Outline—Umbrella Sponsors of Family Day Care Homes
FDCH-3	Civil Rights Complaint-Filing Procedures
FDCH-4	Family Day Care Home Provider Application
FDCH-4A	Family Day Care Home Provider Information
FDCH-4B	Family Day Care Home Family-Size and Income Application
FDCH-4C	Eligibility Scale for Tier I Reimbursement Rates
FDCH-4D	Letter to Household
FDCH-5	Agreement Between Sponsoring Organization and Family Day Care Home
FDCH-6	Home Training
FDCH-7	Preapproval Visit Form
FDCH-8	On-Site Monitor Review
FDCH-9	Enrollment Data
FDCH-10	Daily Arrival and Departure Record
FDCH-11	Day Care Home Daily Record of Meals Served
FDCH-12	Weekly Meals Served
FDCH-13	Infant Meals Served
FDCH-14	Expenditure Work Sheet
FDCH-15	Payment Voucher
FDCH-16	Disbursement Register
FDCH-17	Claim for Reimbursement—Family Day Care Homes
FDCH-17A	Claim Attachment—Meal Counts by Provider (For Sponsoring Organization Use Only)

2. PROVIDER RECORD-KEEPING REQUIREMENTS

FDCH-9	Enrollment Data (Department of Human Services [DHS] and CACFP)
FDCH-10	Daily Arrival and Departure Record (Attendance Records)
FDCH-11	Daily Record of Meals Served (recorded daily on a meal-by-meal basis)
FDCH-12	Weekly Meals Served (recorded daily on a meal-by-meal basis)
FDCH-13	Infant Meals Served, if applicable (recorded daily on a meal-by-meal basis)
	Menu cycle for each main meal and supplement served
	Child Nutrition (CN) labels/product analysis statements, if applicable
	Medical statements for dietary substitutions, if applicable

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EXAMPLE

Schedule A

Name	Total Number of Children Enrolled	Tier Type	Total Number of Identified Income-Eligible Children in Tier II Home(s)
Andrews, Peggy	7	I	
Hannah, Sarah	8	I	
Jones, Dana	8	II	2
Perfect, Patty	6	II	1

If additional space is needed, please attach separate sheet.

Schedule B

A. Each family day care home participating in the Program shall serve one or more of the following types of meals, as provided in its approved application:

1. Breakfast

2. Lunch

3. Supper

4. Supplemental food served between such other meals

B. Except as otherwise provided in this section, and in any appendix to this part, each meal shall contain, at a minimum, the food components as follows:

1. A breakfast shall contain:

   a. A serving of fluid milk as a beverage or on cereal or used in part for each purpose.
   b. A serving of vegetable(s) or fruit(s) or full-strength fruit or vegetable juice.
   c. A serving of whole-grain or enriched bread; an equivalent serving of cornbread, biscuits, rolls, or muffins, etc., made of whole-grain or enriched meal or flour; a serving of whole-grain cereal or enriched or fortified cereal; a serving of cooked whole-grain or enriched pasta or noodle products such as macaroni; cereal grains such as rice, bulgur, or corn grits; or a combination of any of these foods.

2. A lunch or supper shall contain:

   a. A serving of fluid milk as a beverage.
   b. A serving of lean meat, poultry, or fish; cheese; an egg; cooked dry beans or peas; peanut butter; yogurt; or a combination of any of these foods. Frankfurters and/luncheon meats must be 100 percent meat product or served with another meat/meat alternate to ensure that meal requirements are met. A Child Nutrition (CN) label or product analysis statement must be available for preprocessed products in which ingredients or quantities are not identifiable (burrito, corn dogs, pizza, chicken nuggets, breaded vegetables, etc.).
   c. A serving of two or more vegetables or fruits; full-strength fruit or vegetable juice; or a combination of both.
   d. A serving of whole-grain or enriched bread; an equivalent serving of cornbread, biscuits, rolls, muffins, etc., made of whole-grain or enriched meal or flour; a serving of cooked whole-grain or enriched pasta or noodle products such as macaroni; cereal grains such as rice, bulgur, or corn grits; or nonsweet snack products such as hard pretzels or chips made of whole-grain or enriched meal or flour.

3. Supplemental food shall include:

   a. A serving of fluid milk as a beverage or on cereal or used in part for each.
   b. A serving of full-strength fruit juice or vegetable juice or an equivalent quantity of fruit or vegetable.
   c. A serving of bread made with whole-grain or enriched flour or meal; an equivalent serving of cornbread, biscuits, rolls, muffins, etc., made of whole-grain or enriched meal or flour; a serving of cooked whole-grain or enriched pasta or noodle products such as macaroni; or cereal grains such as rice, bulgur, corn grits; crackers, hard pretzels, or chips made of whole-grain or enriched meal or flour. Plain cookies must weigh 31 grams (1.1 ounces) per serving; cookies with nuts, raisins, chocolate pieces, and/or fruit must weigh 63 grams (2.2 ounces) per serving; unfrosted cakes must weigh 75 grams (2.7 ounces) per serving; and frosted cakes and brownies must weigh 115 grams (4 ounces) per serving.
   d. A serving of meat or meat alternate.

4. Except as otherwise provided in this section, the minimum amounts of component foods to serve at meals as set forth in subparagraphs B1, 2, and 3 of this section are as follows: (See chart.)

MINIMUM MEAL REQUIREMENTS OF THE CHILD AND ADULT CARE FOOD PROGRAM

When the meal pattern is properly used, the meals will include foods which supply needed nutrients and energy. The nutritional goal for meals and supplements is to furnish high-quality meals to all children in accordance with the Recommended Daily Dietary Allowance of the National Research Council/National Academy of Sciences.

The Child and Adult Care Food Program (CACFP) regulations specify that the meals meet the following meal pattern requirements:

BREAKFAST	**Children Aged 1-2 Years**	**Children Aged 3-5 Years**	**Children Aged 6-12 Years**
Milk[1]			
Milk, fluid	½ cup	¾ cup	1 cup
Vegetables and Fruits[2]			
Vegetable(s), fruit(s), full-strength juice	¼ cup	½ cup	½ cup
Bread and Bread Alternates[3]			
Enriched or whole-grain bread	½ slice	½ slice	1 slice
Cereal (cold, dry)	¼ cup or ⅓ oz[4]	⅓ cup or ½ oz[4]	¾ cup or 1 oz[4]
Cooked pasta or noodle products	¼ cup	¼ cup	½ cup
Cooked cereal or cereal grains	¼ cup	¼ cup	½ cup
LUNCH/SUPPER			
Milk[1]			
Milk, fluid	½ cup	¾ cup	1 cup
Vegetables and Fruits[2,5]			
Vegetable(s), fruit(s), full-strength juice[6]	¼ cup	½ cup	¾ cup
Bread and Bread Alternates[3]			
Enriched or whole-grain bread	½ slice	½ slice	1 slice
Cereal (cold, dry)	¼ cup or 1/3 oz[4]	⅓ cup or ½ oz[4]	¾ cup or 1 oz[4]
Cooked pasta or noodle products	¼ cup	¼ cup	½ cup
Cooked cereal or cereal grains	¼ cup	¼ cup	½ cup
Nonsweet snack products[14]	½ serving	½ serving	1 serving
Meat and Meat Alternates[7]			
Lean meat or poultry or fish[8]	1 oz	1½ oz	2 oz
Cheese	1 oz	1½ oz	2 oz
Eggs	1 egg	1 egg	1 egg
Cooked dry beans or peas[9]	¼ cup	⅜ cup	½ cup
Peanut butter, soynut butter, or other nut or seed butters	2 Tbsp	3 Tbsp	4 Tbsp
Peanuts, soynuts, or tree nuts or seeds[10]	½ oz = 50%[11]	¾ oz = 50%[11]	1 oz = 50%[11]
Yogurt, plain or flavored, unsweetened or sweetened[13]	4 oz or ½ cup	6 oz or ¾ cup	8 oz or 1 cup
SUPPLEMENT (Choose two of the following components)			
Milk[1]			
Milk, fluid	½ cup	½ cup	1 cup
Vegetables and Fruits[2]			
Vegetable(s), fruit(s), full-strength juice[12]	½ cup	½ cup	¾ cup
Bread and Bread Alternates[3]			
Enriched or whole-grain bread	½ slice	½ slice	1 slice
Cereal (cold, dry)	¼ cup or 1/3 oz[4]	⅓ cup or ½ oz[4]	¾ cup or 1 oz[4]
Cooked pasta or noodle products	¼ cup	¼ cup	½ cup
Cooked cereal or cereal grains	¼ cup	¼ cup	½ cup
Nonsweet snack products[14]	½ serving	½ serving	1 serving
Meat and Meat Alternates[7]			
Lean meat or poultry or fish[8]	½ oz	½ oz	1 oz
Cheese	½ oz	½ oz	1 oz
Eggs	½ egg	½ egg	1 egg
Cooked dry beans or peas[9]	⅛ cup	⅛ cup	¼ cup
Peanut butter, soynut butter, or other nut or seed butters	1 Tbsp	1 Tbsp	2 Tbsp
Peanuts, soynuts, or tree nuts or seeds[10]	½ oz	½ oz	1 oz
Yogurt, plain or flavored, unsweetened or sweetened[13]	2 oz or ¼ cup	2 oz or ¼ cup	4 oz or ½ cup

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[1] Includes whole milk, lowfat milk, skim milk, cultured buttermilk, or flavored milk made from these types of fluid milk which meet state and local standards. Milk served at a meal service cannot be re-served.

[2] Or an equivalent quantity of any combination of vegetable(s), fruit(s), and juice.

[3] Or an equivalent quantity of any combination of bread/bread alternate.

[4] Either volume (cup) or weight (ounce), whichever is less.

[5] Must include at least two kinds.

[6] Full-strength vegetable or fruit juice may be counted to meet not more than ½ of this requirement.

[7] Or an equivalent quantity of any combination of meat/meat alternate.

[8] Cooked lean meat without bone.

[9] May be used as the meat alternate or as part of vegetable/fruit component, but not as both components in the same meal.

[10] Tree nuts and seeds that may be used as meat alternates are listed in program guidance.

[11] No more than 50 percent of the requirement shall be met with nuts or seeds. Nuts and seeds shall be combined with another meat/meat alternate to fulfill the requirement. For purposes of determining combinations, one ounce of nuts or seeds is equal to one ounce of cooked lean meat, poultry, or fish.

[12] Juice may not be served when milk is served as the only other component.

[13] Applies to commercially prepared yogurt, lowfat yogurt, and nonfat yogurt. It does not apply to nonstandardized yogurt products, such as frozen yogurt, yogurt-flavored products, yogurt bars, yogurt-covered fruit or nuts. Commercial flavorings may be added, such as fruit, fruit juice, nuts, seeds, granola, etc., but they shall not be credited toward meeting the second food component requirement in the supplement.

[14] Includes such products as hard pretzels or chips made of whole-grain or enriched meal or flour.

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PLANNING FOODS FOR INFANTS

Because infants (birth to one year) are so vulnerable nutritionally, you should design their feedings to meet individual needs by utilizing the USDA Infant Meal Patterns and any documented alteration of the meal pattern as described by the child's doctor (must have statement on file).

In order to claim for reimbursement for infant meals, all components required at each meal must be provided by the facility, including formula or milk. Meals containing formula or breast milk provided by parents, served to infants four months of age or older, may be claimed for reimbursement when the other meal component or components are supplied by the child care facility. The facility must also document the information concerning infant meals, including the child's name, age, dates, and actual components served to each infant at each meal service.

CHILD AND ADULT CARE FOOD PROGRAM
INFANT MEAL PATTERN

BREAKFAST	BIRTH THROUGH 3 MONTHS	4 THROUGH 7 MONTHS	8 THROUGH 11 MONTHS
	4-6 fluid oz formula[1] or breast milk[5]	4-8 fluid oz formula[1] or breast milk[5] 0-3 Tbsp infant cereal[2] (optional)	6-8 fluid oz formula[1], breast milk[5], or whole milk 2-4 Tbsp infant cereal[2] 1-4 Tbsp fruit and/or vegetable
LUNCH/SUPPER			
	4-6 fluid oz formula[1] or breast milk[5]	4-8 fluid oz formula[1] or breast milk[5] 0-3 Tbsp infant cereal[2] (optional) 0-3 Tbsp fruit and/or vegetable (optional)	6-8 fluid oz formula[1], breast milk[5], or whole milk ***AND*** 1-4 Tbsp fruit and/or vegetable ***AND ONE OF THE FOLLOWING:*** 2-4 Tbsp infant cereal[2] and/or 1-4 Tbsp meat, fish, poultry, egg yolk, or cooked dry beans or peas, or 1/2-2 oz cheese or 1-4 oz cottage cheese, cheese food, or cheese spread
SUPPLEMENT			
	4-6 fluid oz formula[1] or breast milk[5]	4-6 fluid oz formula[1] or breast milk[5]	2-4 fluid oz formula[1], breast milk[5], whole milk, or fruit juice[3] 0-1/2 slice bread[4] or 0-2 crackers (optional)

[1] Shall be iron-fortified infant formula.
[2] Shall be iron-fortified dry infant cereal.
[3] Shall be full-strength fruit juice.
[4] Shall be from whole-grain or enriched meal or flour.
[5] Meals containing only breast milk are not reimbursable.

NOTE: *DO NOT SERVE HONEY OR USE HONEY IN FOOD SERVED TO INFANTS UNDER ONE YEAR OLD.*

Appeal Procedures

An institution will be notified in writing by certified mail, return receipt requested, of the grounds upon which the State Department of Education (SDE) based its action. The notice will inform the institution of its right to appeal. Two types of appeals are authorized:

A. The institution may request a review of the records. Upon receipt of such a request, the SDE will appoint a review official to conduct the review.
   OR

B. The institution may request a hearing. Upon receipt of a request for a hearing, the SDE will appoint a review official to conduct the hearing.

The written request for a review of records or for a hearing must be filed by the institution no later than 15 calendar days from the date the institution receives the notice of action. A hearing will be held by the review official in addition to, or in lieu of, a review of written information submitted by the institution ***ONLY IF*** the institution so specifies in the letter requesting the appeal. Therefore, the written request ***MUST SPECIFY*** which type of appeal is requested. The SDE will acknowledge the receipt of the request for appeal within ten calendar days.

The institution may refute the information contained in the notice of action in person and by written documentation presented to the review official. In order to be considered, written documentation must be filed with the review official no later than 30 calendar days after the institution received the notice of action. The institution may be represented by legal counsel or another person. The following applies to the two types of appeals:

A. Review of the Records

   Upon receipt of an appeal requesting a review of the records, the review official will notify the institution and the SDE of the timelines for submission of documents.

   Failure to submit written documentation to refute the action taken by the SDE within the 30-day time period will constitute the institution's waiver of the appeal, resulting in the action taken by the SDE being upheld.

B. Hearing

   Upon receipt of an appeal requesting a hearing, the review official will notify the institution and the SDE of the timelines for submission of documents.

   Written documentation submitted after the 30-day time period will not be considered at any point during the appeal process, including the hearing.

   If the institution chooses to be represented by legal counsel, it will notify the Child Nutrition Programs Executive Director of the counsel's name and address.

   The institution and the SDE will be notified by certified mail of the time, date, and place of the hearing. The notice must be provided at least ten calendar days prior to the hearing.

   Failure of the institution or its representative to appear at a scheduled hearing will constitute the institution's waiver of the right to a personal appearance before the review official, unless the review official agrees to reschedule the meeting.

   The SDE will have representatives in attendance at the hearing who may provide information and documentation supporting the action taken.

Documents and information relating to the sponsoring organization and the action taken will be available for inspection and duplication pursuant to Open Records Fee Schedule at the office of Child Nutrition Programs.

1. The review official will be an independent and impartial official other than, and not accountable to, any person authorized to make decisions that are subject to appeal.

2. The review official will make a determination based on information provided by the SDE, the institution, and the laws and regulations governing the Child and Adult Care Food Program.

3. Within 60 calendar days of receipt of the request for review, the review official's determination will be delivered to the institution and the SDE.

4. The SDE's action will remain in effect during the appeal process. However, participating institutions and facilities may continue to operate under the Program during an appeal of termination, unless the action is based on imminent danger to the health or welfare of Program participants. If the institution has been terminated for this reason, the SDE will so specify in its notice of action. Institutions electing to continue operation while appealing termination will not be reimbursed for any meals served during the period of the appeal if the SDE's action is upheld.

5. The determination of the review official is the final administrative determination to be afforded the sponsoring organization .

6. Pursuant to federal regulations, appeals will not be allowed on decisions made by Food and Nutrition Service (FNS) on requests for exceptions to the claims submission deadlines or requests for upward adjustments to claims.

Grounds for Denial, Termination, and Appeal

GROUNDS FOR DENIAL OF APPLICATION OR TERMINATION OF PROGRAM PARTICIPATION INCLUDE, BUT ARE NOT LIMITED TO, ANY OF THE FOLLOWING:

1. Noncompliance with applicable bid procedures and contract requirements of federal Child Nutrition Program (CNP) regulations.
2. Submission of false information to the State Department of Education, hereinafter referred to as the *State Agency*.
3. Failure to return to the State Agency any advance payments which exceed the amount earned for serving eligible meals or failure to return disallowed start-up payments.
4. Failure to maintain adequate records.
5. Failure to adjust meal orders to conform to variations in the number of participating children.
6. Claiming of Program payments for meals not served to participating children.
7. Service of a significant number of meals which did not include required quantities of all meal components.
8. Continued use of food service management companies (FSMC) that are in violation of health codes.
9. Failure of a sponsoring organization to disburse payments to its facilities in accordance with its management plan.
10. A history of administrative or financial mismanagement in any federal Child Nutrition Program.
11. Violation of any Child and Adult Care Food Program (CACFP) requirements.

INSTITUTIONAL GROUNDS FOR APPEAL INCLUDE:

1. Denial of application for participation.
2. Denial of an application submitted by a sponsoring organization on behalf of a facility.
3. Termination of the participation of an institution or facility.
4. Suspension of an institution's agreement.
5. Denial of an advance payment.
6. Denial of all or part of a claim for reimbursement.
7. Denial of application for start-up payments.
8. Demand for remittance of an overpayment.
9. Any State Agency action affecting participation or claim for reimbursement.

STANDARD FORM - LLL

DISCLOSURE OF LOBBYING ACTIVITIES
APPROVED BY OMB
COMPLETE THIS FORM TO DISCLOSE LOBBYING ACTIVITIES PURSUANT TO
31 U.S.C. 1352
(SEE REVERSE FOR PUBLIC DISCLOSURE)

NA

1. **Type of Federal Action:** ☐
   - a. Contract
   - b. Grant
   - c. Cooperative Agreement
   - d. Loan
   - e. Loan Guarantee
   - f. Loan Insurance

2. **Status of Federal Action:** ☐
   - a. Bid/Offer/Application
   - b. Initial Award
   - c. Postaward

3. **Report Type:** ☐
   - a. Initial Filing
   - b. Material Change

   For Material Change Only:
   Year______ Quarter______
   Date of Last Report______

4. **Name and Address of Reporting Entity:**
   ☐ Prime ☐ Subawardee
   Tier ________, if known:

   Congressional District, if known:

5. **If Reporting Entity in No. 4 Is Subawardee, Enter Name and Address of Prime:**

   Congressional District, if known:

6. **Federal Department/Agency:**

7. **Federal Program Name/Description:**

   CFDA Number, if applicable: ________

8. **Federal Action Number, if known:**

9. **Award Amount, if known:**

   $ ________

10. a. **Name and Address of Lobbying Entity** *(If individual, last name, first name, MI):*

    b. **Individual Performing Services** *(Including address if different from No. 10a) (Last name, first name, MI)*

11. **Amount of Payment** (check all that apply):

    $ ________

    Actual ☐ Planned ☐

12. **Form of Payment** (check all that apply):
    - a. Cash Nature ________
    - b. In-kind; specify: Value ________

13. **Type of Payment** (check all that apply):
    - ☐ a. Retainer
    - ☐ b. One-Time Fee
    - ☐ c. Commission
    - ☐ d. Contingent Fee
    - ☐ e. Deferred
    - ☐ f. Other; specify: ________

14. **Brief Description of Services Performed or to Be Performed and Date(s) of Service, including officer(s), employee(s), or member(s) contracted for payment indicated in Item 11:**

    (Attach Continuation Sheet[s], if necessary)

15. **Continuation Sheet(s) Attached:** Yes ☐ No ☐

16. Information requested through this form is authorized by Title 31 U S C Section 1352 This disclosure of lobbying activities is a material representation of fact upon which evidence was placed by the above when this transaction was made or entered into This disclosure is required pursuant to 31 U S C 1352 This information will be reported to the Congress semiannually and will be available for public inspection Any person who fails to file the required disclosures shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure

Signature: ________
Print Name: ________
Title: ________
Telephone Number: ________
Date: ________

Federal Use Only

Authorized for Local Reproduction

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime federal recipient, at the initiation or receipt of a covered federal action or a material change to a previous filing, pursuant to Title 31 U.S.C. Section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered federal action. Use a Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget (OMB) for additional information.

1. Identify the type of covered federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered federal action.

2. Identify the status of the covered federal action.

3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered federal action.

4. Enter the full name, address, city, state, and zip code of the reporting entity. Include Congressional district, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee (e.g., the first subawardee of the prime is the first tier). Subawards include, but are not limited to, subcontracts, subgrants, and contract awards under grants.

5. If the organization filing the report in Item 4 checks "Subawardee," then enter the full name, address, city, state, and zip code of the prime federal recipient. Include Congressional District, if known.

6. Enter the name of the federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example: Department of Transportation, United States Coast Guard.

7. Enter the federal program name or description for the covered federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate federal identifying number available for the federal action identified in Item 1 (e.g., Request for Proposal [RFP] number; Invitation for Bid [IFB] number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the federal agency). Include prefixes (e.g., "RFP-DE-90-001").

9. For a covered federal action where there has been an award or loan commitment by the federal agency, enter the federal amount of the award/loan commitment for the prime entity identified in Item 4 or Item 5.

10. a. Enter the full name, address, city, state, and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered federal action.

    b. Enter the full name(s) of the individual(s) performing services, and include full address if different from 10a. Enter last name, first name, and middle initial (MI).

11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.

12. Check the appropriate item. Check all items that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.

13. Check the appropriate box. Check all boxes that apply. If other, specify nature.

14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with federal officials. Identify the federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.

15. Check whether Continuation Sheets are attached.

16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

BEST COPY AVAILABLE

EXAMPLE

Nondiscrimination

"The Program applicant hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the regulations of the Department of Agriculture (7 CFR Part 15), Department of Justice (28 CFR Parts 42 and 50), and Food and Nutrition Service (FNS) directives or regulations issued pursuant to that Act and the regulations to the effect that no person in the United States shall, on the grounds of race, color, national origin, sex, age, or disability, be excluded from participation in, be denied the benefits of, or be otherwise subject to discrimination under any program or activity for which the Program applicant received federal financial assistance from the United States Department of Agriculture; and hereby gives assurance that it will immediately take any measures necessary to effectuate this Agreement.

This assurance is given in consideration of and or for the purpose of obtaining any and all federal financial assistance, grants, and loans of federal funds, reimbursable expenditures, grants, or donations of federal property and interest in property, the detail of federal personnel, the sale and lease of, and the permission to use, federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration which is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with federal financial assistance extended to the Program applicant by the Department. This includes any federal agreement, arrangement, or other contract which has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.

By accepting this assurance, the Program applicant agrees to compile data, maintain records, and submit reports as required, to permit effective enforcement of Title VI and permit authorized USDA personnel during normal working hours to review such records, books, and accounts as needed to ascertain compliance with Title VI. If there are any violations of this assurance, the Department of Agriculture Food and Nutrition Service shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Program applicant, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from the United States Department of Agriculture. The person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Program applicant."

I certify that the site(s) have been visited and the information is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

SIGNATURE ON BEHALF OF SPONSOR:	**STATE DEPARTMENT OF EDUCATION**
Sam Banks Signature	 Signature
Executive Director Title	**Executive Director** Title
Big Bucks CAP Name of Sponsor Organization	**Child Nutrition Programs**
9/15/99 Date	 Date

SPONSORING ORGANIZATION RENEWAL APPLICATION

EXAMPLE

SANDY GARRETT
STATE SUPERINTENDENT OF PUBLIC INSTRUCTION
OKLAHOMA STATE DEPARTMENT OF EDUCATION

MEMORANDUM

TO: Family Day Care Home (FDCH) Sponsor

FROM: Tom White, Assistant State Superintendent

DATE: June 1999

SUBJECT: Renewal of the Child and Adult Care Food Program (CACFP) Application for Fiscal Year 2000 for Family Day Care Home Sponsors

Your approved initial application to be a Sponsoring Organization is now a permanent program record. The enclosed renewal application must be completed for FY2000. Your previously approved initial application will need to be maintained on file with a copy of your approved FY2000 renewal application.

In addition, Sponsoring Organizations will complete a simplified renewal process for all providers.

For providers currently participating under your sponsorship: Each provider must sign both copies of the provider renewal agreement (FDCH-5) and return them to the Sponsoring Organization. The Sponsoring Organization administrator must sign both copies, retain one on file, and return one to the provider. The Sponsoring Organization should update the provider initial applications, if necessary, and maintain them with the FY2000 renewals.

For first-time (new) providers participating under your sponsorship, each provider must have a completed initial provider application (FDCH-4), initial provider information form (FDCH-4A), and initial agreement (FDCH-5) on file. Copies of the initial provider application (FDCH-4) and license must be submitted to the State Department of Education.

BEST COPY AVAILABLE

Enclosed are the required items for the renewal process:

FDCH-1 Renewal Sponsoring Organization Application for Participation and Management Plan

Each sponsoring organization must complete Items 1 through 18. Complete Item 19 only if you are authorizing other individual(s) to represent your sponsoring organization.

FDCH-1B Public Release Statement

Each sponsoring organization must annually submit a public release to the local media. A copy of the actual release submitted to the media, along with the correspondence requesting publication, must be submitted with FDCH-1B.

FDCH-1E Sponsoring Organization Agreement/Amendment and Schedule A

Each sponsoring organization should read and sign the agreement/amendment and complete Schedule A. FDCH providers listed on Schedule A are only those providers whose provider application and agreement are being renewed for FY2000 and first-time providers participating under your sponsorship. List provider's number, provider's name, Tier type, total number of children enrolled, and the number of identified income-eligible children in Tier II homes. New providers listed must include the Initial Family Day Care Home Provider Application (FDCH-4) and a copy of their license.

If you wish to make any changes to your permanent CACFP application other than the changes indicated on your FY2000 renewal, please submit them, along with both completed copies of the above forms and return them by September 15, 1999, to the address below:

Oklahoma State Dpartment of Education
Child Nutrition Programs, Room 310
2500 North Lincoln Boulevard
Oklahoma City, Oklahoma 73105-4599

Required recordkeeping forms that will be needed for your providers during the new fiscal year are included in the Family Day Care Home Handbook. These forms are ***TO BE KEPT ON FILE BY THE SPONSORING ORGANIZATION.***

If you have any questions or need any assistance in completing the renewal process, please contact your area consultant, or the office of Child Nutrition Programs at 405-521-3327.

lsw
Enclosures
c: State Superintendent Sandy Garrett
CNP Staff

FDCH-1
(Rev 2/99)

OKLAHOMA STATE DEPARTMENT OF EDUCATION

Sandy Garrett

State Superintendent of Public Instruction

RENEWAL SPONSOR APPLICATION/MANAGEMENT PLAN

INSTRUCTIONS: Complete in duplicate. Type or print clearly all information. Submit both copies to the Oklahoma State Department of Education, hereinafter referred to as the *State Agency*.

---

1. Sponsoring Organization: ______________________ 2. Agreement Number: __________

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3. Total dollar amount of federal funds expended by sponsoring organization during fiscal year 1999 (October 1, 1998, through September 30, 1999): $______________________
(Excluding CACFP Reimbursement)

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4. Describe procedures for collecting the following records for each family day care home (FDCH) as outlined in the Agreement(s) (FDCH-1E and FDCH-5).

Method used: ______________________

Frequency: ______________________

Location of records: ______________________

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5. Procedure for disbursing Child and Adult Care Food Program (CACFP) reimbursement to family day care homes: (All operating reimbursement claimed by family day care homes must be disbursed within five working days of receipt of the Notice of Payment from the State Agency.)

____

____

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6. Administrative Personnel: Report administrative personnel involved in administration of the CACFP pertaining to family day care homes. Report all personnel even if they will not be claimed as administrative labor. The staffing pattern must reflect sufficient administrative capability.

TYPE OF POSITION	SPECIFIC ADMINISTRATIVE DUTIES	NUMBER OF PESONNEL IN THIS POSITION	NUMBER OF HOURS PER DAY SPENT ON CACFP DUTIES	SALARY PER HOUR (INCLUDE FRINGE BENEFITS)	NUMBER OF DAYS PER YEAR	SOURCE OF FUNDS FOR SALARY

7. Annual Administrative Budget: Report estimated annual budget for sponsorship of family day care homes. Enter only those costs which will be claimed. Entries in Column II indicate the maximum level established by the State Agency for administrative reimbursement.

ITEM	COLUMN I AMOUNT	FOR STATE OFFICE USE ONLY COLUMN II AMOUNT
a. Administrative Labor		
b. Office Supplies		
c. Postage		
d. Mileage Allowance for Monitoring		
CACFP's Share of: e. Audit		
f. Telephone		
g. Office Rental and Maintenance		
h. Utilities for Office		
i. Other (Specify):____________________ ____________________ ____________________		
TOTAL ADMINISTRATIVE BUDGET		

8. What method(s) will your organization use to make Tier I determinations? (Mark all that apply.)

☐ Use elementary school data to determine if a provider is located in a low-income area.

☐ Use census data to determine if a provider is located in a low-income area.

☐ Obtain and verify family-size and income information from the provider to determine if the provider meets income-eligibility requirements.

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9. What method will your organization use to reevaluate the tiering status of homes as new school and census data become available?

☐ Use the new elementary school data information, when received from the State Agency, to reevaluate the status of Tier II homes that may now be eligible for Tier I status.

☐ Use the new census data information, when it becomes available, to reevaluate Tier II homes that may now be eligible for Tier I status.

10. What method(s) will your organization use to verify provider's income prior to classifying him/her as Tier I based on family size and income? (Mark all that apply.)

☐ Written information: Obtain written evidence of income such as check stubs, letters from employers, Internal Revenue Service (IRS) tax information, award letters, or documentation that verifies current participation in a program that established categorical eligibility (food stamps, "Temporary Assistance for Needy Families" [TANF], Head Start, etc.).

☐ Collateral Contacts: Obtain and document verbal confirmation of a provider's income or participation in a program that establishes categorical eligibility (from persons outside the provider's household, such as employers, social service agencies, migrant agencies).

---

11. What method(s) will your organization use to inform providers of the choices available to Tier II family day care homes for determining Tier I eligibility for enrolled children and for reimbursement? (Mark all that apply.)

☐ Give providers a written and a verbal explanation of a group meeting/training and certify their choice on the Family Day Care Home Provider Information form. (See FDCH-4A—For Sponsor Use Only.)

☐ Give providers an individual written and a verbal explanation and certify their choice on sponsor/provider application.

☐ Other (Provide a detailed explanation): ____________________

____

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12. What method(s) will your organization use to inform potential/new providers of the choices available to Tier II family day care homes for determining Tier I eligibility for enrolled children and for reimbursement? (Mark all that apply.)

☐ Give potential providers a written and a verbal explanation when first contacting them about Program participation.

☐ Give new providers a written and a verbal explanation at their preapproval visit and certify their choice of a reimbursement option on the sponsor/provider application.

☐ Other (Provide a detailed explanation): ____________________

____

____

____

13. What method will your organization use to reimburse providers? (Check one.)

☐ Actual meal counts

☐ Claiming percentage (Must submit for approval form[s] used for documentation.)

☐ Blended rate (Must submit for approval form[s] used for documentation.)

---

14. If "claiming percentage" or "blended rate" was selected, indicate the basis for determining the percentage of children eligible for Tier I and Tier II reimbursement rates. (Mark only one.)

☐ Enrollment list for the month used for the determination

☐ Attendance information for the month used for the determination

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15. The following method will be used to obtain family-size and income information from the households of children enrolled in Tier II family day care homes:

☐ Organization will distribute Family-Size and Income Applications (FSIAs) to parents/guardians of enrolled children, and parents/guardians will return the applications directly to organization.

☐ Providers will distribute Family-Size and Income Applications to parents/guardians of enrolled children, and parents/guardians will return the applications directly to organization.

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16. Sponsor agrees to conduct an on-site preapproval visit to all new family day care homes applying for the purpose of discussing Program requirements and verifying that the proposed food service does not exceed the capability of the family day care home. Sponsor agrees that this review will be documented and kept on file.

☐ Yes

☐ No

---

17. Sponsor agrees to conduct on-site reviews at least three times each year to current providers. No more than six months shall elapse between reviews. New family day care homes must have their first review during the first four weeks of operation. Each review must include a meal analysis where children are present. If provider has been approved for weekend and/or late p.m. supplements, a review must include a visit during each of those times. Sponsor agrees that all reviews shall be documented and kept on file.

☐ Yes

☐ No

I certify that the information on this form is true and correct to the best of my knowledge and that reimbursement shall be claimed only for meals served to eligible enrolled children during the hours they are in attendance at approved family day care homes.

18.

Signature of Sponsoring Organization Administrator	Title	Date

COMPLETE THE NEXT ITEM IF YOU WILL BE AUTHORIZING INDIVIDUAL(S) OTHER THAN YOURSELF TO REPRESENT YOUR SPONSORING ORGANIZATION IN PREPARING AND SIGNING DOCUMENTS.

I authorize ______________________________
(Type or Print)

whose signature(s) appears below as the duly designated authorized representative(s) of the governing body/sponsoring organization shown on this form and is fully empowered to enter into any agreement with the Oklahoma State Department of Education which may be a prerequisite to the installation and/or operation of a Child and Adult Care Food Program in the sponsoring organization shown on this form and may act for the governing body/sponsoring organization in preparing and signing other documents, reports, and claims for reimbursement pertaining to the installation and operation of the Program. The authorized representative(s) signs and accepts responsibility for monthly claim for reimbursement and all correspondence from this office.

19.

Signature(s) of Authorized Representative(s)	Title	Date

FDCH-1A
(5/98)

Civil Rights Compliance

SPONSOR: ______________________________ AGREEMENT NUMBER: ______________

Compliance with Title VI of the Civil Rights Act of 1964 is required for participation in the Child and Adult Care Food Program (CACFP) per United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) Instruction 113-4.

1. List the Sponsoring Organization's efforts to assure that minority populations have an equal opportunity to participate in Program operations. (Minority is defined as: a person or group of persons belonging to the protected classes covered by Title VI of the Civil Rights Act of 1964 and later specified by the Office of Management and Budget [OMB] as: [1] American Indian or Alaskan Native, [2] Asian or Pacific Islander, [3] Black [not of Hispanic origin], and [4] Hispanic.)

   ____

   ____

   ____

2. List the Sponsoring Organization's efforts to contact minority and grassroots organizations about the opportunity to participate in the Program. (Grassroots organization is defined as: any organization at the local level which interacts directly with potential participants or beneficiaries, such as a community action program, civic organization, migrant group, church, neighborhood council, local chapter of the National Association for the Advancement of Colored People [NAACP], or other similar group.)

   ____

   ____

   ____

Estimate of Potential Eligible Beneficiaries

Instructions for Determining Number of Potential Eligible Beneficiaries

In order to determine the number of potential eligible beneficiaries of the Child and Adult Care Food Program, the following information must be obtained. An estimate of the number of all children under the age of 12 within the area from which the sponsoring organization draws its attendance is to be indicated according to the racial/ethnic categories shown below. Sources used to obtain this information might include census data or public school enrollment data.

Sponsor's Estimated Number of Potential Eligible Beneficiaries by Racial/Ethnic Category for the Area Served

BLACK	HISPANIC	AMERICAN INDIAN/ ALASKAN NATIVE	ASIAN/PACIFIC ISLANDER	WHITE

Source(s) used to obtain estimated number of eligible beneficiaries: ______________________________

____

____

FDCH-1B
(5/98)

Public Release Statement

It is required that all Sponsoring Organizations make available to the local information media a public release announcing the availability of the Child and Adult Care Food Program (CACFP). The media to which the release is submitted should be in the area from which the sponsoring organization draws its attendance. The release must state that all meals are available to any enrolled child in attendance at no separate charge regardless of race, color, national origin, sex, age, or disability, and that there is no discrimination in the course of the food service. The complaint-filing procedures must also be included.

DIRECTIONS FOR SUBMITTING PUBLIC RELEASE STATEMENT: Attach a copy of the actual release statement sent to the media along with the correspondence requesting publication. The correspondence must include the name of the media and the date the release was submitted.

ALL SPONSORS PROVIDE THIS INFORMATION:

______________________________ (Name of Media)   ______________________ (Date Submitted)

______________________________ (Name of Sponsor), as a participant of the Child and Adult Care Food Program, announces the availability of free meals for all children without regard to race, color, national origin, sex, age, or disability. The Child and Adult Care Food Program is an equal opportunity program. If you believe you have been discriminated against because of race, color, national origin, sex, age, or disability, write immediately to the Oklahoma State Department of Education, Child Nutrition Programs, Room 310, 2500 North Lincoln Boulevard, Oklahoma City, Oklahoma 73105-4599, or the Secretary of Agriculture, Washington D.C. 20250.

FDCH-1E

SPONSORING ORGANIZATION AGREEMENT AND SCHEDULE A

This Agreement shall be effective with respect to meals served during the period commencing the ________________ day of ________________ and ending on September 30, 2000, unless terminated earlier.

Information concerning the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) will be provided to FDCH providers and the parents of children enrolled in family day care homes. The WIC information will include: (1) a basic explanation of the benefits and importance of the WIC Program, including information on how benefits may be obtained; and (2) the maximum state income-eligibility standards for the WIC Program according to family size. Each year, the State Agency will send updated WIC information to the sponsoring organization for distribution to FDCH providers.

SIGNATURE ON BEHALF OF SPONSOR	**STATE DEPARTMENT OF EDUCATION**
(Signature)	(Signature)
(Title)	**Executive Director** (Title)
(Name of Sponsoring Organization)	**Child Nutrition Programs**
(Date)	(Date)

77

FDCH-1E

SCHEDULE A

NAME	TOTAL NUMBER OF CHILDREN ENROLLED	TIER TYPE	TOTAL NUMBER OF IDENTIFIED INCOME-ELIGIBLE CHILDREN IN TIER II HOME(S)

If additional space is needed, please attach separate sheet.

EXAMPLE

MEMORANDUM

TO: Family Day Care Home (FDCH) Sponsor

FROM: Tom White, Assistant State Superintendent

DATE: June 1999

SUBJECT: Renewal of the Child and Adult Care Food Program (CACFP) Application for Fiscal Year 2000 for Family Day Care Home Sponsors

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In addition, Sponsoring Organizations will complete a simplified renewal process for all providers.

For providers currently participating under your sponsorship: Each provider must sign both copies of the provider renewal agreement (FDCH-5) and return them to the sponsoring organization. The sponsoring organization administrator must sign both copies, retain one on file, and return one to the provider. The sponsoring organization should update the provider initial applications, if necessary, and maintain them with the FY2000 renewals.

For first-time (new) providers participating under your sponsorship, each provider must have a completed initial provider application (FDCH-4), initial provider information form (FDCH-4A), and initial agreement (FDCH-5) on file. Copies of the initial provider application (FDCH-4) and license must be submitted to the State Department of Education.

Enclosed are the required items for the renewal process:

FDCH-1 Renewal Sponsoring Organization Application for Participation and Management Plan

Each sponsoring organization must complete Items 1 through 18. Complete Item 19 only if you are authorizing other individual(s) to represent your sponsoring organization.

FDCH-1B Public Release Statement

Each sponsoring organization must annually submit a public release to the local media. A copy of the actual release submitted to the media, along with the correspondence requesting publication, must be submitted with FDCH-1B.

FDCH-1E Sponsoring Organization Agreement/Amendment and Schedule A

Each sponsoring organization should read and sign the agreement/amendment and complete Schedule A. FDCH providers listed on Schedule A are only those providers whose provider application and agreement are being renewed for FY2000 and first-time providers participating under your sponsorship. List provider's number, provider's name, Tier type, total number of children enrolled, and the number of identified income-eligible children in Tier II homes. New providers listed must include the Initial Family Day Care Home Provider Application (FDCH-4) and a copy of their license.

If you wish to make any changes to your permanent CACFP application other than the changes indicated on your FY2000 renewal, please submit them, along with both completed copies of the above forms and return them by September 15, 1999, to the address below:

Oklahoma State Dpartment of Education
Child Nutrition Programs, Room 310
2500 North Lincoln Boulevard
Oklahoma City, Oklahoma 73105-4599

Required recordkeeping forms that will be needed for your providers during the new fiscal year are included in the Family Day Care Home Handbook. These forms are ***TO BE KEPT ON FILE BY THE SPONSORING ORGANIZATION.***

If you have any questions or need any assistance in completing the renewal process, please contact your area consultant, or the office of Child Nutrition Programs at 405-521-3327.

lsw
Enclosures
c: State Superintendent Sandy Garrett
CNP Staff

FDCH-1
(Rev. 2/99)

EXAMPLE

OKLAHOMA STATE DEPARTMENT OF EDUCATION
Sandy Garrett
State Superintendent of Public Instruction
RENEWAL SPONSOR APPLICATION/MANAGEMENT PLAN

INSTRUCTIONS: Complete in duplicate. Type or print clearly all information. Submit both copies to the Oklahoma State Department of Education, hereinafter referred to as the *State Agency*.

1. Sponsoring Organization: BIG BUCKS CAP 2. Agreement Number: H-90-

3. Total dollar amount of federal funds received by sponsoring organization during fiscal year 1999 (October 1, 1998, through September 30, 1999): $ 275,142.33
(Excluding CACFP Reimbursement)

4. Describe procedures for collecting the following records for each family day care home (FDCH) as outlined in the Agreement(s) (FDCH-1E and FDCH-5).

Method used: Mail, hand delivery to our office

Frequency: Claims—monthly; enrollment—as enrolled; income applications—as received

Location of records: Big Bucks CAP, 112 Fast Lane Drive, Anywhere, OK 78910

5. Procedure for disbursing Child and Adult Care Food Program (CACFP) reimbursement to family day care homes: (All operating reimbursement claimed by family day care homes must be disbursed within five working days of receipt of the Notice of Payment from the State Agency.)
Checks are mailed to the providers' home addresses or picked up by the providers.

6. Administrative Personnel: Report administrative personnel involved in administration of the CACFP pertaining to family day care homes. Report all personnel even if they will not be claimed as administrative labor. The staffing pattern must reflect sufficient administrative capability.

TYPE OF POSITION	SPECIFIC ADMINISTRATIVE DUTIES	NUMBER OF PESONNEL IN THIS POSITION	NUMBER OF HOURS PER DAY SPENT ON CACFP DUTIES	SALARY PER HOUR (INCLUDE FRINGE BENEFITS)	NUMBER OF DAYS PER YEAR	SOURCE OF FUNDS FOR SALARY
Exec Director	Overall Manager	1	1	$32.00	260	CACFP
Coordinator	Supervisor	1	8	22.00	260	CACFP
Monitors	Review Homes/Misc Tasks	2	8	11.00	260	CACFP
Sec/Rec	Clerical Duties	1	8	7.50	260	CACFP
Financial Ofc	Accounting	1	1	22.00	260	CACFP

7. Annual Administrative Budget: Report estimated annual budget for sponsorship of family day care homes. Enter only those costs which will be claimed. Entries in Column II indicate the maximum level established by the State Agency for administrative reimbursement.

ITEM	COLUMN I AMOUNT	FOR STATE OFFICE USE ONLY COLUMN II AMOUNT
a. Administrative Labor	$100,000.00	
b. Office Supplies	$2,250.00	
c. Postage	$2,700.00	
d. Mileage Allowance for Monitoring	$4,000.00	
CACFP's Share of: e. Audit	$2,000.00	
f. Telephone	$3,500.00	
g. Office Rental and Maintenance	$5,000.00	
h. Utilities for Office	$.00	
i. Other (Specify): Printing, training, insurance, etc.	$7,000.00	
TOTAL ADMINISTRATIVE BUDGET	$126,450.00	

8. What method(s) will your organization use to make Tier I determinations? (Mark all that apply.)

☒ Use elementary school data to determine if a provider is located in a low-income area.

☒ Use census data to determine if a provider is located in a low-income area.

☒ Obtain and verify family-size and income information from the provider to determine if the provider meets income-eligibility requirements.

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9. What method will your organization use to reevaluate the tiering status of homes as new school and census data become available?

☒ Use the new elementary school data information, when received from the State Agency, to reevaluate the status of Tier II homes that may now be eligible for Tier I status.

☒ Use the new census data information, when it becomes available, to reevaluate Tier II homes that may now be eligible for Tier I status.

10. What method(s) will your organization use to verify provider's income prior to classifying him/her as Tier I based on family size and income? (Mark all that apply.)

☒ Written information: Obtain written evidence of income such as check stubs, letters from employers, Internal Revenue Service (IRS) tax information, award letters, or documentation that verifies current participation in a program that established categorical eligibility (food stamps, "Temporary Assistance for Needy Families" [TANF], Head Start, etc.).

☒ Collateral Contacts: Obtain and document verbal confirmation of a provider's income or participation in a program that establishes categorical eligibility (from persons outside the provider's household, such as employers, social service agencies, migrant agencies).

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11. What method(s) will your organization use to inform providers of the choices available to Tier II family day care homes for determining Tier I eligibility for enrolled children and for reimbursement? (Mark all that apply.)

☒ Give providers a written and a verbal explanation of a group meeting/training and certify their choice on the Family Day Care Home Provider Information form. (See FDCH-4A—For Sponsor Use Only.)

☒ Give providers an individual written and a verbal explanation and certify their choice on sponsor/provider application.

☐ Other (Provide a detailed explanation):

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12. What method(s) will your organization use to inform potential/new providers of the choices available to Tier II family day care homes for determining Tier I eligibility for enrolled children and for reimbursement? (Mark all that apply.)

☐ Give potential providers a written and a verbal explanation when first contacting them about Program participation.

☒ Give new providers a written and a verbal explanation at their preapproval visit and certify their choice of a reimbursement option on the sponsor/provider application.

☐ Other (Provide a detailed explanation):

13. What method will your organization use to reimburse providers? (Check one.)

☒ Actual meal counts

☐ Claiming percentage (Must submit for approval form[s] used for documentation.)

☐ Blended rate (Must submit for approval form[s] used for documentation.)

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14. If "claiming percentage" or "blended rate" was selected, indicate the basis for determining the percentage of children eligible for Tier I and Tier II reimbursement rates. (Mark only one.)

☐ Enrollment list for the month used for the determination

☐ Attendance information for the month used for the determination

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15. The following method will be used to obtain family-size and income information from the households of children enrolled in Tier II family day care homes:

☐ Organization will distribute Family-Size and Income Applications (FSIAs) to parents/guardians of enrolled children, and parents/guardians will return the applications directly to organization.

☒ Providers will distribute Family-Size and Income Applications to parents/guardians of enrolled children, and parents/guardians will return the applications directly to organization.

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16. Sponsor agrees to conduct an on-site preapproval visit to all new family day care homes applying for the purpose of discussing Program requirements and verifying that the proposed food service does not exceed the capability of the family day care home. Sponsor agrees that this review will be documented and kept on file.

☒ Yes

☐ No

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17. Sponsor agrees to conduct on-site reviews at least three times each year to current providers. No more than six months shall elapse between reviews. New family day care homes must have their first review during the first four weeks of operation. Each review must include a meal analysis where children are present. If provider has been approved for weekend and/or late p.m. supplements, a review must include a visit during each of those times. Sponsor agrees that all reviews shall be documented and kept on file.

☒ Yes

☐ No

I certify that the information on this form is true and correct to the best of my knowledge and that reimbursement shall be claimed only for meals served to eligible enrolled children during the hours they are in attendance at approved family day care homes.

18.

Signature of Sponsoring Organization Administrator	Title	Date
Sam Banks	Executive Director	9/15/99

COMPLETE THE NEXT ITEM IF YOU WILL BE AUTHORIZING INDIVIDUAL(S) OTHER THAN YOURSELF TO REPRESENT YOUR SPONSORING ORGANIZATION IN PREPARING AND SIGNING DOCUMENTS.

I authorize Jennifer Jones
(Type or Print)

whose signature(s) appears below as the duly designated authorized representative(s) of the governing body/sponsoring organization shown on this form and is fully empowered to enter into any agreement with the Oklahoma State Department of Education which may be a prerequisite to the installation and/or operation of a Child and Adult Care Food Program in the sponsoring organization shown on this form and may act for the governing body/sponsoring organization in preparing and signing other documents, reports, and claims for reimbursement pertaining to the installation and operation of the Program. The authorized representative(s) signs and accepts responsibility for monthly claim for reimbursement and all correspondence from this office.

19.

Signature(s) of Authorized Representative(s)	Title	Date
Jennifer Jones	CACFP Coordinator	9/15/99

FDCH-1A
(5/98)

EXAMPLE

Civil Rights Compliance

SPONSOR: BIG BUCKS CAP AGREEMENT NUMBER: H-90-01

Compliance with Title VI of the Civil Rights Act of 1964 is required for participation in the Child and Adult Care Food Program (CACFP) per United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) Instruction 113-4.

1. List the Sponsoring Organization's efforts to assure that minority populations have an equal opportunity to participate in Program operations. (Minority is defined as: a person or group of persons belonging to the protected classes covered by Title VI of the Civil Rights Act of 1964 and later specified by the Office of Management and Budget [OMB] as: [1] American Indian or Alaskan Native, [2] Asian or Pacific Islander, [3] Black [not of Hispanic origin], and [4] Hispanic.)

   Outreach training in low-income areas; distribution of CACFP brochures and information by DHS licensing; collaboration with DHS family support staff.

2. List the Sponsoring Organization's efforts to contact minority and grassroots organizations about the opportunity to participate in the Program. (Grassroots organization is defined as: any organization at the local level which interacts directly with potential participants or beneficiaries, such as a community action program, civic organization, migrant group, church, neighborhood council, local chapter of the National Association for the Advancement of Colored People [NAACP], or other similar group.)

   Work with Anywhere Public Schools, Anywhere Children's Coalition, Anywhere Public Library.

Estimate of Potential Eligible Beneficiaries

Instructions for Determining Number of Potential Eligible Beneficiaries

In order to determine the number of potential eligible beneficiaries of the Child and Adult Care Food Program, the following information must be obtained. An estimate of the number of all children under the age of 12 within the area from which the sponsoring organization draws its attendance is to be indicated according to the racial/ethnic categories shown below. Sources used to obtain this information might include census data or public school enrollment data.

Sponsor's Estimated Number of Potential Eligible Beneficiaries by Racial/Ethnic Category for the Area Served

BLACK	HISPANIC	AMERICAN INDIAN/ ALASKAN NATIVE	ASIAN/PACIFIC ISLANDER	WHITE
13,678	2,088	3,489	1,437	55,406

Source(s) used to obtain estimated number of eligible beneficiaries: Surrounding counties census data

FDCH-1B
(5/98)

EXAMPLE

Public Release Statement

It is required that all Sponsoring Organizations make available to the local information media a public release announcing the availability of the Child and Adult Care Food Program (CACFP). The media to which the release is submitted should be in the area from which the sponsoring organization draws its attendance. The release must state that all meals are available to any enrolled child in attendance at no separate charge regardless of race, color, national origin, sex, age, or disability, and that there is no discrimination in the course of the food service. The complaint-filing procedures must also be included.

DIRECTIONS FOR SUBMITTING PUBLIC RELEASE STATEMENT: Attach a copy of the actual release statement sent to the media along with the correspondence requesting publication. The correspondence must include the name of the media and the date the release was submitted.

ALL SPONSORS PROVIDE THIS INFORMATION:

Anywhere Newspaper
(Name of Media)

9/10/99
(Date Submitted)

BIG BUCKS CAP
(Name of Sponsor)
, as a participant of the Child and Adult Care Food Program, announces the availability of free meals for all children without regard to race, color, national origin, sex, age, or disability. The Child and Adult Care Food Program is an equal opportunity program. If you believe you have been discriminated against because of race, color, national origin, sex, age, or disability, write immediately to the Oklahoma State Department of Education, Child Nutrition Programs, Room 310, 2500 North Lincoln Boulevard, Oklahoma City, Oklahoma 73105-4599, or the Secretary of Agriculture, Washington D.C. 20250.

FDCH-1E

SPONSORING ORGANIZATION AGREEMENT
AND SCHEDULE A

This Agreement shall be effective with respect to meals served during the period commencing the 1st day of October 1999 and ending on September 30, 2000, unless terminated earlier.

Information concerning the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) will be provided to FDCH providers and the parents of children enrolled in family day care homes. The WIC information will include: (1) a basic explanation of the benefits and importance of the WIC Program, including information on how benefits may be obtained; and (2) the maximum state income-eligibility standards for the WIC Program according to family size. Each year, the State Agency will send updated WIC information to the sponsoring organization for distribution to FDCH providers.

SIGNATURE ON BEHALF OF SPONSOR	STATE DEPARTMENT OF EDUCATION
Sam Banks	
(Signature)	(Signature)
Executive Director	**Executive Director**
(Title)	(Title)
Big Bucks CAP	**Child Nutrition Programs**
(Name of Sponsoring Organization)	
9/15/99	
(Date)	(Date)

FDCH-1E

EXAMPLE

SCHEDULE A

NAME	TOTAL NUMBER OF CHILDREN ENROLLED	TIER TYPE	TOTAL NUMBER OF IDENTIFIED INCOME-ELIGIBLE CHILDREN IN TIER II HOME(S)
Andrews, Peggy	7	I	
Hannah, Sarah	8	I	
Jones, Dana	8	II	2
Perfect, Patty	6	II	1

If additional space is needed, please attach separate sheet.

CIVIL RIGHTS

FDCH-13
(Rev. 5/97)

CIVIL RIGHTS COMPLAINT-FILING PROCEDURE

I. GENERAL

A. All written or verbal complaints alleging discrimination on the basis of race, color, national origin, sex, age, or disability shall be processed within 90 days upon receipt in the manner prescribed by this instruction.

B. The Office of Minority Affairs (OMA) has been delegated the authority to determine the manner in which all civil rights complaints, investigations, preliminary inquiries, and compliance reviews are to be handled. Regardless of the Child Nutrition Programs administrative or operational level where a civil rights complaint is filed, it must be forwarded in accordance with paragraph B below to the Director, Civil Rights (CR) Division, for submission to the OMA. The OMA will prepare and issue letters of acknowledgment to the complainant(s).

C. A preliminary inquiry or an investigation will be conducted on all valid complaints to substantiate or refute the allegations.

II. PROCEDURE FOR FILING COMPLAINTS OF DISCRIMINATION

A. ***Right to File a Complaint.*** Any person alleging discrimination based on race, color, national origin, sex, age, or disability has a right to file a complaint ***WITHIN 180 DAYS*** of the alleged discriminatory action. Under special circumstances, this time limit may be extended by OMA.

B. ***Acceptance.*** All complaints, written or verbal, shall be accepted by the sponsoring organization (SO), the State Department of Education (SDE), or Food and Nutrition Service Regional Office (FNSRO), forwarded to the FNSRO, as applicable, and then forwarded at once to CR Division. It is necessary that the information be sufficient to determine the identity of the agency or individual toward which the complaint is directed and to indicate the possibility of a violation. Anonymous complaints shall be handled as any other complaint.

C. ***Verbal Complaints.*** In the event that a complainant makes the allegation verbally or through a telephone conversation and refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made shall write up the elements of the complaint for the complainant. Every effort should be made to have the complainant provide the following information:

1. Name, address, and telephone number, or other means of contacting the complainant.
2. The specific location and name of the entity delivering the Program service or benefit.
3. The nature of the incident(s) or action(s) that led the complainant to feel discrimination was a factor.
4. The basis on which the complainant feels discrimination exists (race, color, national origin, sex, age, or disability).
5. The names, titles, and addresses of persons who may have knowledge of the discriminatory action(s).
6. The date(s) during which the alleged discriminatory action occurred, or if continuing, the duration of such actions.

EXAMPLE
MEMORANDUM

TO: All Staff

FROM: Sponsoring Organization Director

DATE:

SUBJECT: Civil Rights Complaint Procedures

Any person alleging discrimination based on race, color, national origin, sex, age, or disability has a right to file a complaint of the alleged discriminatory action. The following information should be obtained in the event a complaint is made either in person or through a telephone conversation. The person receiving the allegation must write up the elements of the complaint. Every effort should be made to have the complainant provide the attached information.

BIG BUCKS
COMMUNITY ACTION PROGRAM

To: Big Bucks CAP Personnel

From: Sam Banks, Executive Director

Date: October 1, 1998

Subject: Civil Rights Complaint-Filing Procedures

Any person alleging discrimination based on race, color, national origin, sex, age, or disability has a right to file a complaint of the alleged discriminatory action. The following information should be obtained in the event a complaint is made either in person or through a telephone conversation. The person receiving the allegation must write up the elements of the complaint. Every effort should be made to have the complainant provide the attached information.

CIVIL RIGHTS COMPLAINT-FILING PROCEDURES

1. Name, address, and telephone number of complainant (or other means of contacting the complainant):

   ____

2. Specific location and name of the entity delivering the service or benefit:

   ____

3. The nature of the incident or action that led the complainant to feel discrimination was a factor, or an example of the method of administration which is having a disparate effect on the public, potential participants, or participants:

   ____

4. The basis on which the complainant feels discrimination exists (race, color, national origin, sex, age, or disability):

   ____

5. The names, titles, and business addresses of persons who may have knowledge of the discriminatory action:

   ____
   ____
   ____
   ____

6. The date(s) during which the alleged discriminatory action occurred, or if continuing, the duration of such action:

   ____
   ____
   ____
   ____

* * *

Civil Rights complaints are to be forwarded immediately to:

State Department of Education
Child Nutrition Programs, Room 310
2500 North Lincoln Boulevard
Oklahoma City, Oklahoma 73105-4599

OR

Secretary of Agriculture
Washington, D.C. 20250

. . . AND JUSTICE FOR ALL

This facility is operated in accordance with United States Department of Agriculture (USDA) policy that prohibits discrimination on the basis of race, color, sex, age, disability, or national origin.

Any person who believes that he or she has been discriminated against in any USDA-related activity should write to the Secretary of Agriculture, Washington, D.C. 20250.

SPONSORING ORGANIZATION STAFFING RECOMMENDATIONS

DETERMINING STAFFING NEEDS

There are no required staff positions nor required types of positions that must be filled to supervise the Child and Adult Care Food Program (CACFP). Staffing patterns will vary from sponsoring organization (SO) to sponsoring organization, depending on several factors. Some of these factors may include the number of family day care homes (FDCHs) that have an agreement with the sponsoring organization, the geographic boundaries of the sponsoring organization, and the variety of other services the sponsoring organization may incorporate into the CACFP.

Sponsoring Organizations must have adequate staffing to perform all regulatory duties and functions. There should be adequate staffing to perform the following duties:

1. Recruit new providers. Sponsoring Organizations must ensure that the current number of homes under agreement with the sponsoring organization are manageable before recruiting new homes.

2. Conduct all required home visits to providers in order to assess compliance with United States Department of Agriculture (USDA) regulations, Oklahoma policies, SO policies, and conduct any necessary follow-up visits.

3. Provide on-site technical assistance to providers in the areas of nutrition, CACFP record-keeping procedures, CACFP meal pattern requirements, food safety, sanitation, and food preparation.

4. Evaluate and approve cycle menus submitted by providers.

5. Review all record-keeping forms submitted by the providers for completeness and accuracy. Such record-keeping forms could include, but are not limited to: child care enrollment records, Family-Size and Income Applications (FSIAs), proof of income for verification, documentation of food items served, the number of meals served, attendance records, and Child Nutrition (CN) labels.

6. Consolidate provider claims into the claim submitted to the State Department of Education (SDE) Child Nutrition Programs (CNP). Ensure that the claim is true and correct.

7. Prepare and distribute correct reimbursement checks/warrants to providers within five working days of receipt from the SDE.

8. Maintain an effective financial management and accounting system.

   a. Prepare and maintain an approved budget.
   b. Maintain copies of all claims and revised claims.
   c. Document all expenses and income according to generally recognized accounting principles.
   d. Document all Program personnel costs with time records.
   e. Document all travel and mileage reimbursement.
   f. Maintain copies of all audits, SDE reviews, and correspondence from the SDE.

9. Provide CACFP training to FDCH providers at least annually. Sponsors with a large geographic area should make training sessions accessible to all providers.

10. Provide adequate training in CACFP regulations, Oklahoma policies, and SO policies and procedures to all SO personnel prior to performing duties.

11. Maintain Program files and records. Records should be legible and organized in an orderly and efficient manner. Sponsors must keep all Program records for three years in addition to the current fiscal year.

12. Maintain daily office hours in order to be accessible to the providers. (Example: 8 a.m. to 5 p.m.)

Recommended CACFP Staff Positions

Individuals operating the CACFP for a sponsoring organization may include one full-time person and several part-time people at a small sponsorship or 15 full-time people at a large sponsorship. The following positions are typical for an Oklahoma CACFP sponsoring organization. Example job descriptions may be found on the following pages.

1. Executive Director
2. CACFP Coordinator
3. Home Monitor
4. Secretary/Receptionist
5. CACFP Financial Officer/Bookkeeper

Recommended Staffing Patterns

The caseload of a CACFP monitor may depend on several factors. Some of these factors are as follows:

1. Total responsibilities assigned to the monitor
2. Distances traveled between homes
3. Difficulty of the home visits and required follow-ups
4. Geographic area monitored—rural versus metropolitan

The average caseload for a monitor in an Oklahoma sponsoring organization is approximately 60 homes. Metropolitan monitors typically carry a caseload between 70-75 homes. Rural monitors typically carry a caseload of approximately 50-60 homes.

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
HOME MONITOR

EXAMPLE

General Description

Recruit and monitor family day care home (FDCH) providers participating in the Child and Adult Care Food Program (CACFP). Enforce United States Department of Agriculture (USDA) regulations, Oklahoma CACFP policies, and sponsoring organization (SO) policies. Review provider records for compliance and accuracy. Provide training and technical assistance to FDCH providers.

Minimum Qualifications

- Education or specialized training in home economics, child development, nutrition, social work, or a related field
- Experience in child care, nutrition, social work, or a related field

Knowledge/Skills/Abilities

- Ability to communicate effectively with persons from diverse backgrounds
- Ability to work independently, organize time, prioritize responsibilities, and accurately complete multiple tasks
- Knowledge of USDA CACFP regulations, Oklahoma policies, and SO policies
- Knowledge of Department of Human Services (DHS) family day care home licensing standards
- Must be willing to perform necessary job-related travel

Examples of Work Performed

- Recruit, enroll, and train providers in the CACFP
- Interpret USDA regulations, Oklahoma policies, and SO policies for FDCH providers
- Maintain an active caseload of FDCH providers
- Schedule, carry out, and document required home visits and appropriate follow-up visits
- Maintain positive relationships with child care providers in the local community
- Foster professionalism and quality in family day care
- With the assistance of coworkers, plan and conduct training for FDCH providers
- Participate in state-sponsored workshops and professional conferences to keep abreast of regulatory changes
- Review provider cycle menus and meal service record-keeping forms for compliance with CACFP meal pattern requirements
- Review provider attendance records for compliance with CACFP regulations
- Crosscheck attendance records with enrollment forms, tiering and income-eligibility records, and home visit reports to assure compliance
- Provide claim information to the bookkeeper to process provider monthly CACFP reimbursement
- Maintain complete, accurate, and up-to-date files on all assigned providers
- Prepare for and assist with independent audits and State Department of Education (SDE) reviews

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
COORDINATOR

General Description

Supervise family day care home (FDCH) monitors and CACFP office staff. Routinely evaluate the Sponsoring Organization's procedures and effectiveness in administering the CACFP to FDCH providers. Ensure the sponsoring organization (SO) is in compliance with all United States Department of Agriculture (USDA) CACFP regulations and Oklahoma policies. Provide leadership and direction to the SO's CACFP staff.

Minimum Qualifications

- Graduation from an accredited college or university with a bachelor's degree in home economics, foods and nutrition, child development, or social work
- Experience in child care, CACFP, teaching workshops, and Program administration

Knowledge/Skills/Abilities

- Ability to communicate effectively with a variety of persons from diverse backgrounds
- Ability to work independently, organize time, prioritize responsibilities, and accurately complete multiple tasks
- Must be willing to perform necessary job-related travel
- Knowledge of USDA CACFP regulations and Oklahoma policies
- Knowledge of Department of Human Services (DHS) family day care home licensing standards
- Must be able to supervise and evaluate the job performance of others
- Must be able to provide leadership and direction to home monitors

EXAMPLE

Examples of Work Performed

- Supervise home monitors and office staff
- Assist in hiring, training, evaluating, supporting, and, when necessary, terminating staff
- Assist in developing/revising SO policies and termination procedures
- Ensure SO policies and termination procedures are followed
- Develop specific methods and systems to monitor the implementation of CACFP
- Identify potential problems or areas that need to be strengthened
- Oversee provider menu and claim review process, provider application, child enrollment, tiering determination, and income-eligibility documentation
- Assist in developing and implementing staff training
- Assist in developing and implementing provider training
- Evaluate the effectiveness of the SO's staff and provider training
- Develop and maintain positive relationships with local and state agencies involved in child care
- Develop and maintain positive relationships with FDCH providers
- Complete the SO's annual application and agreement with the State Department of Education (SDE) to participate in the CACFP
- Represent the sponsoring organization at professional meetings, state and national conferences
- Prepare for and assist with independent audits and SDE reviews

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
EXECUTIVE DIRECTOR

EXAMPLE

General Description

This position manages the Sponsoring Organization's Child and Adult Care Food Program (CACFP). This person is ultimately responsible and held accountable for all aspects of the Sponsoring Organization's CACFP.

Minimum Qualifications

- Graduation from an accredited college or university with a bachelor's degree in child development, home economics, nutrition, social work, public administration or a related field
- Experience in program management, staff supervision and community services

Knowledge/Skills/Abilities

- Committed to quality child care and improved nutrition for all children
- Ability to communicate with persons of diverse backgrounds
- Knowledge of United States Department of Agriculture (USDA) CACFP regulations and Oklahoma policies

Examples of Work Performed

- Provide overall management, including proposal writing, staff recruitment, training and supervision, fiscal oversite, and Program accountability
- Ensure the organization is in compliance with all federal CACFP regulations and Oklahoma policies
- Communicate effectively with the agency board
- Develop with staff a management plan for the CACFP
- Develop with staff training programs for staff and providers
- Develop cooperative working relationships with other agencies and professionals involved in child care
- Develop programs to increase provider professionalism and improve the quality of family day care for children
- Prepare for and assist with independent audits and State Department of Education (SDE) reviews

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
SECRETARY/RECEPTIONIST

EXAMPLE

General Description

Answer telephones, route calls, take messages, and answer basic CACFP questions by providers. Type all Program correspondence and reports.

Minimum Qualifications

- Successful experience in general office procedures
- Training in a variety of computer software applications

Knowledge/Skills/Abilities

- Computer literate and familiar with the Sponsoring Organization's computer hardware and software
- Ability to learn new processes and procedures and follow through with assignments
- Ability to communicate effectively in writing, on the phone, and in person with a variety of individuals
- Ability to work independently, organize time, and accurately complete multiple tasks required

Examples of Work Performed

- Answer telephones, route all calls, and take messages for staff
- Effectively answer basic Program questions and direct callers to appropriate resources
- Accurately type all Program correspondence, reports, and educational materials and proposals
- Maintain an up-to-date filing system of CACFP records
- Purchase needed office supplies
- Maintain an inventory of office supplies and equipment
- Participate in training as requested by employer

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FINANCIAL OFFICER/ACCOUNTANT

General Description

Responsible for all of the financial aspects of operating the CACFP. Assist in developing the Sponsoring Organization's CACFP budget and any budget revisions. Maintain documentation of all administrative costs reported on claims submitted to the State Department of Education (SDE). Process all CACFP staff payroll, provider payments, and Program expenditures.

Minimum Qualifications

- Specialized training in accounting or a related area
- Experience as a bookkeeper with direct responsibility for developing and maintaining an accounting system
- Training or experience in accounting computer software applications

Knowledge/Skills/Abilities

- Ability to learn the fiscal requirements of the CACFP
- Computer literate and familiar with the Sponsoring Organization's computer hardware and software
- Ability to work independently, organize time, and accurately complete multiple tasks

Examples of Work Performed

- Develop and maintain an accounting system based on generally accepted accounting principles that meet United States Department of Agriculture (USDA) and Office of Management and Budget (OMB) requirements
- Develop an annual CACFP budget with assistance from the director and make budget revisions when necessary
- Prepare accurately monthly statements of Program income and expenditures for the director
- Maintain adequate documentation on all administrative costs reported on the CACFP claim for reimbursement
- Process all payroll, provider, and vendor checks
- Reconcile all bank records, including provider payments, payroll, and Program expenditures
- Prepare for and assist with independent audits and SDE reviews

EXAMPLE

SPONSORING ORGANIZATION FINANCIAL RECORD KEEPING

FD -14
(Rev. 5/99)
Maintain with institution records.

EXPENDITURE WORK SHEET

MONTH: ____________________ YEAR: __________

Date	ITEM ENTRY (Vendor or Personnel)	Check #	ADMINISTRATIVE COSTS																	
			Administrative Labor (1)		Office Supplies (2)		Postage (3)		Mileage for Monitoring (4)		Audit (5a)		Telephone (5b)		Office Rental, Maintenance (5c)		Office Utilities (5d)		Other (5c)	
	TOTALS																			

EXPENDITURE WORK SHEET INSTRUCTIONS

The Expenditure Work Sheet is a summary report of all allowable CACFP administrative costs incurred during the month. All administrative costs recorded on the Expenditure Work Sheet and reported on the claim for reimbursement must be further supported by appropriate documentation. In addition, all costs reported must be approved on the SO's administrative budget.

Month and Year:	Record the month and year during which the costs were incurred in the upper right hand corner.

For each expenditure:

Date:	Record the date the specific cost was incurred.
Item Entry:	Record the name of the vendor or the first and last names of personnel receiving payment.
Check Number:	Record the number of the check issued, or indicate that cash was used.
Columns 1-5c:	Record the amount of the expenditure under the appropriate column.

Definitions:

Administrative Labor:	The cost of SO employees' time spent administering the CACFP (i.e., CACFP monitors, CACFP coordinator, secretary).
Office Supplies:	The cost of office supplies used to operate the CACFP (i.e., paper, notebooks, files).
Postage:	The cost of postage used in operating the CACFP.
Mileage for Monitoring:	The cost of travel reimbursement to CACFP monitors. The monitor's travel documentation should include the monitor's destination, purpose of visit, and mileage.
Audit:	The cost CACFP's share of the organizationwide audit.
Telephone:	The cost of the CACFP telephone usage.
Office Rental, Maintenance:	The cost of office rent or building maintenance.
Office Utilities:	The cost of CACFP's share of office utilities.
Other:	CACFP costs not covered by any of the above categories. These costs must be approved on the SO's administrative budget.

NOTE: All costs reported in the above definitions must be supported by receipts/invoices, payroll records, canceled checks, etc.

FDCH-15
(Rev. 5/99)

PAYMENT VOUCHER

Provider's Name: ____________________
Mailing Address: ____________________

Home Agreement Number: ________
Month of Claim: ________
Date Paid: ________
Check Number: ________

Reimbursement Due:

Total Number of ***Tier I*** Meals Served:

Breakfast	________	x	________	=	$	________
Lunch	________	x	________	=	$	________
Supper	________	x	________	=	$	________
Supplements	________	x	________	=	$	________

Total Allowable ***Tier I*** Reimbursement $ ________

Total number of ***Tier II*** Meals Served:

Breakfast	________	x	________	=	$	________
Lunch	________	x	________	=	$	________
Supper	________	x	________	=	$	________
Supplements	________	x	________	=	$	________

Total Allowable ***Tier II*** Reimbursement $ ________

TOTAL REIMBURSEMENT PAID $ ________

Payment Approved by:

CACFP Coordinator: ________ Executive Director: ________

Date: ________ Date: ________

Claim Adjustments: ________

PAYMENT VOUCHER INSTRUCTIONS

Provider's Name:	Record the provider's name.
Mailing Address:	Record the provider's mailing address.
Home Agreement Number:	Record the provider's home agreement number.
Month of Claim:	Record the month being claimed for reimbursement.
Date Paid:	Record the date the provider's warrant is issued.
Check Number:	Record the warrant/check number of the provider's reimbursement check.

Reimbursement Due:

- Record the total number of Tier I and Tier II meals served at each meal service during the month.
- Multiply the total number of meals for each meal service by the Tier I or Tier II reimbursement rate currently established.
- Record the total reimbursement for each meal service.
- Total the allowable Tier I and Tier II reimbursement.
- Add together the total allowable Tier I and Tier II reimbursement to get the total reimbursement to be paid to the provider.

CACFP Coordinator and Date:	The CACFP coordinator must sign and date the form to indicate that the payment voucher is correct.
Executive Director and Date:	The executive director must sign and date the form to indicate that the payment voucher is correct.
Claim Adjustments:	Indicate the reason for any adjustments made to the provider's initial claim. When meals are disallowed, the SO must indicate the reason.

FDCH-16
(Rev. 5/97)

DISBURSEMENT REGISTER

State Department of Education Notification of Payment Received: ________________ Month __________ 19/20 ______

Providers' Checks Mailed: ____

Provider's Name	Home Agreement Number	Check Number	Amount

DISBURSEMENT REGISTER INSTRUCTIONS

State Department of Education Notification of Payment Received: Record the date the sponsoring organization (SO) receives the CACFP reimbursement from the State Department of Education.

Month and Year:	Record the month and year of the claim for which payment has been received.
Providers' Checks Mailed:	Record the date the providers' checks were mailed.
Provider's Name:	Record the name of each provider receiving reimbursement. Record the provider's last name first and their first name last.
Home Agreement Number:	Record each provider's home agreement number.
Check Number:	Record the number of the reimbursement check issued to each provider.
Amount:	Record the total amount of reimbursement due to the provider.

FDCH-17
(Rev. 2/99)

OKLAHOMA STATE DEPARTMENT OF EDUCATION
Sandy Garrett
State Superintendent of Public Instruction
CHILD NUTRITION PROGRAMS

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) CLAIM FOR REIMBURSEMENT—FAMILY DAY CARE HOMES

Return to:
Oklahoma State Department of Education
Child Nutrition Programs, Room 310
2500 North Lincoln Boulevard
Oklahoma City, Oklahoma 73105-4599

AGREEMENT NUMBER: ____________

CALENDAR MONTH COVERED BY THIS CLAIM: ______________________ **19/20** ______

1. Sponsoring Organization: ______________________________

2. Mailing Address: ______________________________
____
____
____

	Tier I (I)	Tier II All Higher (II-H)	Tier II All Lower (II-L)	Tier II Mixed (II-M)
3. a. Number of Homes Approved				
b. Number of Homes Operating				
c. Average Daily Attendance				

FOR STATE DEPARTMENT OF EDUCATION USE ONLY:

Advance Payments for Month:
Homes $ ____________
Administrative $ ____________
Total $ ____________

Reimbursement Due:
Homes $ ____________
Administrative $ ____________
Total $ ____________

FDCH-17
(Rev. 2/99)

Instructions for completion of page 151 :

Submit the original claim for reimbursement (typed or in ink and signed by the Authorized Representative). Claims are to be submitted no later than the fifteenth of the month following the month covered by the claim for reimbursement. A copy must be maintained on file.

Agreement Number: Record the number which has been assigned by this office.

Month Covered: Record the month and year that the claim covers.

1. Institution: Record the name of institution.
2. Address: Record the mailing address of institution.
3. Refer to the claim attachment (Form FDCH-17A).

Definitions:

Tier I Home (I): Provider who has qualified as a Tier I home based on school data, census data, or family income.

Tier II-All Higher Home (II-H): Tier II day care home where *ALL* children are certified as eligible for the higher reimbursement rate, based on Family-Size and Income Applications obtained on enrolled children. (All meals claimed are paid at the Tier I rate.)

Tier II-All Lower Homes (II-L): Tier II day care home where *NONE* of the children are certified as eligible for the higher reimbursement rate. (All meals claimed are paid at Tier II rate.)

Tier II-Mixed Homes (II-M): Tier II day care home enrolling at least one child in each reimbursement category (higher and lower). (Meals claimed are paid at both Tier I and Tier II rates.)

a. Enter the total number of homes approved, whether or not the home is claiming for the month, by tier (I, II-H, II-L, or II-M) for participation under your sponsorship.

b. Enter the total number of homes operating by tier (I, II-H, II-L, or II-M) under your sponsorship for the month covered by the claim. Refer to Form FDCH-17A, Columns 1 and 5; count total homes by type that are claiming any meals in the claim month.

c. Average Daily Attendance (ADA) is computed for each home (I, II-H, II-L, or II-M) by adding the daily attendance for the month and dividing that total by the number of days of operation during the same month. The number reported should be the total of each home's ADA. Refer to Form FDCH-17A, Columns 1 and 6; add total ADA for each type of home (I, II-H, II-L, and II-M).

FOR STATE DEPARTMENT OF EDUCATION USE ONLY—REIMBURSEMENT DUE—SEE NOTE:

NOTE: During any fiscal year, administrative payments to a sponsoring organization may not exceed 30 percent of the total amount of administrative payments and food service payments for day care home operations. The State Department of Education will verify this monthly and contact any sponsoring organization for adjustments.

FDCH-17
(Rev. 2/99)

4. Reimbursement for Homes:

	a. Total Number of *Tier I* Meals Served (Tier I Home/Tier I Reimbursement Rate)	b. Total Number of *Tier II-Higher* Meals Served (Tier II Home/Tier I Reimbursement Rate)	c. Total Number of *Tier II-Lower* Meals Served (Tier II Home/Tier II Reimbursement Rate)
(1) Breakfast	______ x ______ = $ ______	______ x ______ = $ ______	______ x ______ = $ ______
(2) Lunch	______ x ______ = $ ______	______ x ______ = $ ______	______ x ______ = $ ______
(3) Supper	______ x ______ = $ ______	______ x ______ = $ ______	______ x ______ = $ ______
(4) Supplements	______ x ______ = $ ______	______ x ______ = $ ______	______ x ______ = $ ______

d. Total Allowable *Tier I* Reimbursement = $ ______

Total Allowable *Tier II-Higher* Reimbursement = $ ______

Total Allowable *Tier II-Lower* Reimbursement = $ ______

e. **Total Allowable Meal Reimbursement (4d)**..**$** ______

---

5. Administrative Reimbursement:

a. Actual Costs Incurred:

(1) Administrative Labor	$ ______
(2) Office Supplies	______
(3) Postage	______
(4) Mileage Allowance for Monitoring	______
(5) CACFP's Share of:	
(a) Audit	______
(b) Telephone	______
(c) Office Rental—Maintenance	______
(d) Utilities for Office	______
(e) Other (Specify)	______
Total	**$** ______

b. Monthly Per Home Reimbursement Rates:

Number of Homes ______ x ______ = $ ______

Number of Homes ______ x ______ = $ ______

Number of Homes ______ x ______ = $ ______

Number of Homes ______ x ______ = $ ______

Total .... **$** ______

c. **Administrative Reimbursement Claimed (Lesser of 5a or 5b)** ....$ ______

d. Income (Specify) ....$ ______

e. Amount Claimed (5c - 5d) ....$ ______

---

6. Total Reimbursement Claimed (4e + 5e) ....$ ______

I certify that to the best of my knowledge and belief this claim is true and correct in all respects; that records are available to support this claim, that it is in accordance with the terms of existing agreement(s); and that payment therefore has not been received.

______ Signature of Authorized Representative

______ Title

______ Date

Instructions for completion of page 153:

4. Reimbursement for Homes:

Definitions: ***Tier I Meals:*** Meals claimed in Tier I homes at Tier I reimbursement rates.

Tier II-Higher Meals: Meals claimed in Tier II homes at Tier I reimbursement rates.

Tier II-Lower Meals: Meals claimed in Tier II homes at Tier II reimbursement rates.

a. Enter the total number of meals, by type, served to ***Tier I*** (Tier I home/Tier I reimbursement rate) enrolled children times the current reimbursement rate. Refer to Form FDCH-17A, Columns 1, 4, and 5. For all the homes identified as *I* in Column 1, add the total of meals by type that are served in Tier I homes and reimbursed at Tier I rates.

b. Enter the total number of meals, by type, served to ***Tier II-Higher*** (Tier II home/Tier I reimbursement rate) enrolled children times the current reimbursement rate. Refer to Form FDCH-17A, Columns 1, 4, and 5. For all homes identified as *II-H* or *II-M* in Column 1, add the total number of meals by type that are served in Tier II homes and reimbursed at Tier I rates (Column 4—top portion).

c. Enter the total number of meals, by type, served to ***Tier II-Lower*** (Tier II home/Tier II reimbursement rate) enrolled children times the current reimbursement rate. Refer to Form FDCH-17A, Columns 1, 4, and 5. For all homes identified as *II-L* or *II-M* in Column 1, add the total number of meals by type that are served in Tier II homes and reimbursed at Tier II rates (Column 4—bottom portion).

d. Enter the total dollar amount of each meal type.

e. Enter totals of line 4d.

5. Administrative Reimbursement:

a. Report the administrative costs incurred for the month. Costs can only be reported for items that are approved on your sponsoring organization budget. These costs must be the actual costs. All costs reported must be supported by documentation. ***DO NOT*** report the amounts approved in your budget unless these are the actual monthly incurred costs.

b. Enter the first 50 homes times the current reimbursement rate; next 51-200 homes times the current reimbursement rate; 201-1000 homes times the current reimbursement rate; homes over 1000 times the current reimbursement rate. Add the products, and enter the total in the space provided.

c. Reimbursement claimed is the lesser of 5a or 5b.

d. Income reported by family day care home programs will be attributable exclusively to the sponsoring organization and is subtracted only from administrative costs.

e. Amount claimed is Item c minus any income (Item d).

6. Enter the total of 4e and 5e.

SIGNATURE: Agreements are completed between the State Department of Education and the sponsoring organization. The sponsoring organization must have an authorization (Certificate of Authority) on file with the Child Nutrition Programs naming the individual (Authorized Representative) to represent them. This person ***MUST*** sign the claim.

FDCH-17A
(Rev. 2/99)

CLAIM ATTACHMENT—MEAL COUNTS BY PROVIDER

Use this form to complete the claim for reimbursement (FDCH-17)

Month: __________________ 19/20_____

Sponsoring Organization: ______________________________

Agreement Number: ______________________________

Complete and maintain. List only the names of the providers claiming for the month.

1	2	3	4	5						6	7
TIER STATUS OF PROVIDER (I, II-H, II-L, OR II-M)*	PROVIDER NUMBER	LIST EACH HOME UNDER CONTRACT Last Name Only	TIER LEVEL OF MEALS	NUMBER OF MEALS SERVED TO CHILDREN (Add first- and second-shift meals together)						ADA	NO OF DAYS
				BREAKFASTS	AM SUPP	LUNCHES	PM SUPP	SUPPERS	LATE SUPP		
			T1 (Same as Tier II Higher)								
			T2 (Same as Tier II Lower)								
			T1 (Same as Tier II Higher)								
			T2 (Same as Tier II Lower)								
			T1 (Same as Tier II Higher)								
			T2 (Same as Tier II Lower)								
			T1 (Same as Tier II Higher)								
			T2 (Same as Tier II Lower)								
			T1 (Same as Tier II Higher)								
			T2 (Same as Tier II Lower)								
			T1 (Same as Tier II Higher)								
			T2 (Same as Tier II Lower)								
			T1 (Same as Tier II Higher)								
			T2 (Same as Tier II Lower)								
			T1 (Same as Tier II Higher)								
			T2 (Same as Tier II Lower)								
			T1 (Same as Tier II Higher)								
			T2 (Same as Tier II Lower)								
			T1 (Same as Tier II Higher)								
			T2 (Same as Tier II Lower)								
			T1 (Same as Tier II Higher)								
			T2 (Same as Tier II Lower)								
			T1 (Same as Tier II Higher)								
			T2 (Same as Tier II Lower)								

I (We) certify that the above information is true and correct to the best of my (our) knowledge and belief and that the same is supported by the records maintained in accordance with my (our) Child and Adult Care Food Program Agreement.

Authorized Representative's Signature: ______________________ Title: ______________________ Date: __________

Program Supervisor's Signature: ______________________ Title: ______________________ Date: __________

* I = *Tier I* home that receives Tier I reimbursement rates.
II-H = *Tier II-All Higher* Tier II home that receives all Tier I reimbursement rates.
II-L = *Tier II-All Lower* Tier II home that receives all Tier II reimbursement rates.
II-M = *Tier II-Mixed* Tier II home that receives both Tier I and Tier II reimbursement rates.

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FD 14
(Rev. 5/99)
Maintain with institution records.

EXAMPLE

EXPENDITURE WORK SHEET

MONTH: *October* [✓ 19]/20 *99*

Date	ITEM ENTRY (Vendor or Personnel)	Check #	ADMINISTRATIVE COSTS								
			Administrative Labor (1)	Office Supplies (2)	Postage (3)	Mileage for Monitoring (4)	Audit (5a)	Telephone (5b)	Office Rental, Maintenance (5c)	Office Utilities (5d)	Other (5c)
10/99	*Jones, Jennifer*	9812	3,520.03								
10/99	*Banks, Sam*	9813	330.10								
10/99	*Nickles, Minnie*	9814	1,200.20								
10/99	*Dime, Hava*	9815	320.00								
10/99	*Penny, Sue*	9816	323.40								
10/99	*Big Pockets, Charlie*	9817	440.00								
10/99	*Office Mart*			144.90							
10/99	*Anywhere Post Office*				185.06						
10/99	*Monitor Mileage (See attached)*					137.03					
10/99	*Comfort CPA's*						125.00				
10/99	*Eastern Telephone*							235.40			
10/99	*Anywhere Realtors*								392.30		
										...	
10/99	*Fast Copy*										413.33
10/99	*(Work Comp)*										42.00
10/99	*FP Consultants (Workshop training)*										75.30
	TOTALS		6,133.73	144.90	185.06	137.03	125.00	235.40	392.30	...	530.63

FDCH-15
(Rev. 5/99)

EXAMPLE

PAYMENT VOUCHER

Provider's Name: Patty Perfect

Mailing Address: 100 Sunnylane, Big Hill, OK 71234

Home Agreement Number: 09

Month of Claim: October 1999

Date Paid: 12/05/99

Check Number: #324

Reimbursement Due:

Total Number of ***Tier I*** Meals Served:

Breakfast	0	x	0	=	$	0
Lunch	20	x	1.65	=	$	33.00
Supper	0	x	0	=	$	0
Supplements	20	x	.49	=	$	9.80

Total Allowable ***Tier I*** Reimbursement $ 42.80

Total number of ***Tier II*** Meals Served:

Breakfast	19	x	.34	=	$	6.46
Lunch	24	x	1.00	=	$	24.00
Supper	0	x	0	=	$	0
Supplements	24	x	.13	=	$	3.12

Total Allowable ***Tier II*** Reimbursement $ 33.58

TOTAL REIMBURSEMENT PAID $ 76.38

Payment Approved by:

CACFP Coordinator: Jennifer Jones

Executive Director: Sam Banks

Date: 12/05/99

Date: 12/05/99

Claim Adjustments:

FDCH-16
(Rev. 5/97)

EXAMPLE

DISBURSEMENT REGISTER

State Department of Education Notification of Payment Received: 12/1/99 Month October [✓ 19]20 99

Providers' Checks Mailed: 12/2/99

Provider's Name	Home Agreement Number	Check Number	Amount
Perfect, Patty	09	324	$76.38
Andrews, Peggy	10	325	$60.31
Hannah, Sarah	11	326	$59.00
Jones, Dana	12	327	$46.84

FDCH-17
(Rev. 5/98)

EXAMPLE

OKLAHOMA STATE DEPARTMENT OF EDUCATION
Sandy Garrett
State Superintendent of Public Instruction
CHILD NUTRITION PROGRAMS

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
CLAIM FOR REIMBURSEMENT—FAMILY DAY CARE HOMES

Return to:
Oklahoma State Department of Education
Child Nutrition Programs, Room 310
2500 North Lincoln Boulevard
Oklahoma City, Oklahoma 73105-4599

AGREEMENT NUMBER: H-90-01

CALENDAR MONTH COVERED BY THIS CLAIM: October [✓ 19]/20 99

1. Sponsoring Organization: Big Bucks CAP

2. Mailing Address: 112 Fast Lane Drive, Anywhere, OK 78910

	Tier I (I)	Tier II All Higher (II-H)	Tier II All Lower (II-L)	Tier II Mixed (II-M)
3. a. Number of Homes Approved	105	2	27	4
b. Number of Homes Operating	96	1	26	4
c. Average Daily Attendance	682	4	132	27

FOR STATE DEPARTMENT OF EDUCATION USE ONLY:

Advance Payments for Month:
Homes $ ____________
Administrative $ ____________
Total $ ____________

Reimbursement Due:
Homes $ ____________
Administrative $ ____________
Total $ ____________

FDCH-17
(Rev. 5/98)

4. Reimbursement for Homes:

a. Total Number of *Tier I* Meals Served: (Tier I Home/Tier I Reimbursement Rate)		b. Total Number of *Tier II-Higher* Meals Served: (Tier II Home/Tier I Reimbursement Rate)		c. Total Number of *Tier II-Lower* Meals Served: (Tier II Home/Tier II Reimbursement Rate)	
(1) Breakfast	8909 x .90 = $ 8018.10	Breakfast	279 x .90 = $ 251.10	Breakfast	2339 x .34 = $ 795.26
(2) Lunch	8834 x 1.65 = $ 14576.10	Lunch	252 x 1.65 = $ 415.80	Lunch	2505 x 1.00 = $ 2505.00
(3) Supper	2668 x 1.65 = $ 4402.20	Supper	0 x 1.65 = $ 0	Supper	0 x 1.00 = $ 0
(4) Supplements	12,538 x .49 = $ 6143.62	Supplements	276 x .49 = $ 135.24	Supplements	2540 x .13 = $ 330.20

d. Total Allowable *Tier I* Reimbursement = $ 33,140.02 Total Allowable *Tier II-Higher* Reimbursement = $ 802.14 Total Allowable *Tier II-Lower* Reimbursement = $ 3,630.46

e. **Total Allowable Meal Reimbursement (4d)**.. $ 37,572.62

---

5. Administrative Reimbursement:

a. Actual Costs Incurred:

(1) Administrative Labor	$ 6,133.73
(2) Office Supplies	144.90
(3) Postage	185.06
(4) Mileage Allowance for Monitoring	137.03
(5) CACFP's Share of:	
(a) Audit	125.00
(b) Telephone	235.47
(c) Office Rental—Maintenance	392.30
(d) Utilities for Office	0
(e) Other (Specify)	530.63
Total	$ 7,884.12

Other:

Printing	413.33
Work Comp	42.00
Workshop Travel	75.30
	530.63

b. Monthly Per Home Reimbursement Rates:

Number of Homes	50	x	76.00	=	$ 3800.00
Number of Homes	77	x	58.00	=	$ 4466.00
Number of Homes		x		=	$
Number of Homes		x		=	$
Total					$ 8,266.00

c. **Administrative Reimbursement Claimed (Lesser of 5a or 5b)** .... $ 7,884.12

d. Income (Specify) .... $ 0

e. Amount Claimed (5c - 5d) .... $ 7,884.12

6. Total Reimbursement Claimed (4e + 5e) .... $ 45,456.74

I certify that to the best of my knowledge and belief this claim is true and correct in all respects; that records are available to support this claim; that it is in accordance with the terms of existing agreement(s); and that payment therefore has not been received.

Jennifer Jones	CACFP Coordinator	11/15/99
Signature of Authorized Representative	Title	Date

FDCH-17A
(Rev. 2/99)

EXAMPLE

CLAIM ATTACHMENT—MEAL COUNTS BY PROVIDER

Use this form to complete the claim for reimbursement (FDCH-17)

Month: October [✓ 19]20 99

Sponsoring Organization: Big Bucks CAP

Agreement Number: H-90-01

Complete and maintain. List only the names of the providers claiming for the month.

1	2	3	4	5						6	7
TIER STATUS OF PROVIDER (I, II-H, II-L, OR II-M)*	PROVIDER NUMBER	LIST EACH HOME UNDER CONTRACT Last Name Only	TIER LEVEL OF MEALS	NUMBER OF MEALS SERVED TO CHILDREN (Add first- and second-shift meals together)						ADA	NO OF DAYS
				BREAKFASTS	AM SUPP	LUNCHES	PM SUPP	SUPPERS	LATE SUPP		
II-M	09	Perfect	T1 (Same as Tier II Higher)	0	0	20	20	0	0	1	22
			T2 (Same as Tier II Lower)	19	0	24	24	0	0	2	22
I	10	Andrews	T1 (Same as Tier II Higher)	20	0	20	19	0	0	2	20
			T2 (Same as Tier II Lower)	0	0	0	0	0	0	0	0
I	11	Hannah	T1 (Same as Tier II Higher)	18	0	20	20	0	0	1	20
			T2 (Same as Tier II Lower)	0	0	0	0	0	0	0	0
II-H	12	Jones	T1 (Same as Tier II Higher)	14	0	16	16	0	0	1	16
			T2 (Same as Tier II Lower)	0	0	0	0	0	0	0	
			T1 (Same as Tier II Higher)								
			T2 (Same as Tier II Lower)								
			T1 (Same as Tier II Higher)								
			T2 (Same as Tier II Lower)								
			T1 (Same as Tier II Higher)								
			T2 (Same as Tier II Lower)								
			T1 (Same as Tier II Higher)								
			T2 (Same as Tier II Lower)								
			T1 (Same as Tier II Higher)								
			T2 (Same as Tier II Lower)								
			T1 (Same as Tier II Higher)								
			T2 (Same as Tier II Lower)								
			T1 (Same as Tier II Higher)								
			T2 (Same as Tier II Lower)								
			T1 (Same as Tier II Higher)								
			T2 (Same as Tier II Lower)								

I (We) certify that the above information is true and correct to the best of my (our) knowledge and belief and that the same is supported by the records maintained in accordance with our Child and Adult Care Food Program Agreement.

Authorized Representative's Signature: Jennie Jones Title: CACFP Coordinator Date: 11/15/99

Program Supervisor's Signature: Sam Banks Title: Executive Director Date: 11/15/99

* I = *Tier I* home that receives Tier I reimbursement rates.
II-H = *Tier II-All Higher* Tier II home that receives all Tier I reimbursement rates.
II-L = *Tier II-All Lower* Tier II home that receives all Tier II reimbursement rates.
II-M = *Tier II-Mixed* Tier II home that receives both Tier I and Tier II reimbursement rates.

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TIERING DOCUMENTATION

TIERING DEFINITIONS

Child and Adult Care Food Program (CACFP): A program authorized under Section 17 of the National School Lunch Act that provides assistance to states to initiate and maintain nonprofit food service programs for children or adult participants in nonresidential institutions that provide care. The program is intended to enable such institutions to integrate a nutritious food service with organized care services for enrolled participants. Payments are made to state agencies or Food and Nutrition Service Regional Offices (FNSROs) to enable them to reimburse institutions for food service to enrolled participants.

Categorical Eligibility: A child or family day care home provider who is a member of a household participating in the food stamp, "Food Distribution Program on Indian Reservations" (FDPIR), or certain "Temporary Assistance for Needy Families" (TANF) programs. The household must provide current food stamp or current assistance case numbers on the Family-Size and Income Application (FSIA) to establish its categorical eligibility. In the case of a provider, the status must be verified using outside sources before determining that the provider is eligible for Tier I reimbursement for meals served in the family day care home. Meals served to the categorically eligible child automatically qualify for Tier I reimbursement.

Family Day Care Home (FDCH): A home that provides day care for children and is (1) located in a residential dwelling (the provider's own private residence, the private residence of another person, or an unoccupied private residence), (2) licensed or approved as a family or group day care home, and (3) provides care less than 24 hours a day (except for the *provider's own children* defined elsewhere).

Economic Unit: A group of related or unrelated people who share housing and/or all significant income and expenses of its members. Generally, individuals residing in the same house are an economic unit. However, more than one economic unit may reside in the same house. Separate economic units in the same house are characterized by prorating expenses and economic independence from one other.

Expanded Categorical Eligibility: Children in Tier II homes participating in or subsidized under any "federally or state-supported child care or other benefit program with an income-eligibility limit that does not exceed" 185 percent of income guidelines for poverty. Meals served to these children are automatically eligible for Tier I reimbursement. Expanded categorical eligibility does not apply to a provider's classification as a Tier I home, to the eligibility of the provider's own children, or to participants in other child or adult day care centers.

Family: A group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit. (Used interchangeably with *household*.)

Food and Nutrition Service (FNS): The agency within the United States Department of Agriculture (USDA) that is responsible for administering the Child and Adult Care Food Program and other food assistance programs.

Food Distribution Program on Indian Reservations (FDPIR): A program that distributes monthly commodity food packages to eligible Indian households living on or near an Indian reservation.

FNSRO: The Food and Nutrition Service Regional Office.

Food Stamp Household: Any individual or group of individuals currently certified to receive benefits under the Food Stamp Program.

Foster Child: A child who is the legal responsibility of a welfare agency or court. Such a child may be certified as eligible for free meals regardless of household income. Foster children are considered a household of one. A child who has ***NOT*** been legally placed in the home by a court or other agency of the government is considered a member of the household.

Household: A group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit. (Used interchangeably with *family*.)

Income: Any money received on a recurring basis, including gross earned income (unless specifically excluded by legislation). Specifically, *gross earned income* means all money earned before such deductions as income taxes, employee's social security taxes, insurance premiums, and bonds. Income includes the household's gross earnings, wages, welfare, pension, alimony and child support payments, unemployment compensation, social security, and additional cash received or withdrawn from any other sources, including savings, investments, trust accounts, and other resources.

Income-Eligible: Any child or provider from a household whose current income is at or below the household-size/income levels set forth in the income-eligibility guidelines. The household must provide household-size and income information on the Family-Size and Income Application to enable the sponsoring organization to compare the household information to the income-eligibility guidelines. Meals served in the income-eligible provider's home or to the income-eligible child are eligible for Tier I reimbursement.

Income-Eligibility Guidelines (IEGs): The household-size and income levels prescribed annually by the Secretary of Agriculture for determining eligibility for Tier I reimbursement. The Tier I guidelines are 185 percent of the annual poverty guidelines.

Family-Size and Income Application (FSIA): The application form used to collect information from individual households to determine either categorical or income eligibility for Tier I reimbursement for meals served to children while in family day care homes. A provider must submit an FSIA to the sponsoring organization in order to receive reimbursement for meals served to her own children while in care. The provider must submit an FSIA with verification to the sponsoring organization in order to be determined eligible to receive Tier I reimbursements for meals served to all children in his/her family day care home.

Overt Identification: Any act that openly identifies children as eligible to receive meals reimbursed at the Tier I rates in the Child and Adult Care Food Program.

Provider's Own Children: All residential children in the provider's household who are part of the economic unit of the family. A family is a group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit. Therefore, provider's own children include children by birth or adoption, grandchildren, or housemates' children who are part of the economic unit. Informal extended family situations frequently exist in low-income areas, and all such children should be included in the provider's household. Children whose parents or guardians have made a contractual agreement, either formal or informal, with a provider for residential care, and whose relationship is defined primarily by the child care situation, are not considered the *provider's own*.

State Agency (SA): Either (1) the state education agency or (2) any other agency of the state designated by the governor or other appropriate executive or legislative authority of the state and approved by USDA to administer the Child and Adult Care Food Program.

Temporary Assistance for Needy Families (TANF): A block grant to states authorized under the "Personal Responsibility and Work Opportunity Reconciliation Act of 1996" (P.L. 104-193) that allows states to provide assistance to needy families with children and provide parents with job preparation, work, and support service to enable them to leave the program and become self-sufficient. It replaces the federal programs of "Aid to Families With Dependent Children" (AFDC), "Job Opportunities and Basic Skills" (JOBS), and "Emergency Assistance" (EA).

Tier I Day Care Home: A day care home that has been determined by the sponsoring organization as eligible for Tier I reimbursement for meals served because it is either (1) located in an area served by a school enrolling elementary students in which at least 50 percent of the total number of children enrolled are certified eligible to receive free or reduced-price meals or (2) located in a geographic area, as defined by the Food and Nutrition Service (FNS) (based on census data), in which 50 percent of the children residing in the area are members of households that meet the income standards for free or reduced-price meals or (3) operated by a provider whose household meets the income standards for free or reduced-price meals, based on a completed Family-Size and Income Application that has been verified by the sponsoring organization of the home.

Tier II Day Care Home: A family day care home that does ***NOT*** meet the criteria for a Tier I family day care home. That is, it would ***NOT*** be located in an area that meets the 50 percent free or reduced-price eligibility criteria using either appropriate area data and the provider's household income would ***NOT*** be below 185 percent of the federal income poverty guidelines. Such a home would receive Tier II reimbursement for meals served.

Tier II-All Higher Home (II-H): A Tier II family day care home where ***ALL*** children are certified as eligible for the higher reimbursement rate. (All meals claimed are paid at the Tier I rate.)

Tier II-All Lower Home (II-L): A Tier II family day care home where ***NONE*** of the children are certified as eligible for the higher reimbursement rate. (All meals claimed are paid at Tier II rates.)

Tier II-Mixed Homes (II-M): A Tier II home that receives some combination of Tier I and Tier II reimbursement rates for meals served to enrolled children. The provider will receive Tier I rates for meals served to children who have been determined to be eligible based on household size and income or receipt of categorically eligible benefits and Tier II rates for meals served to all other children.

United States Department of Agriculture (USDA): The federal agency designated by Congress to administer the Child and Adult Care Food Program and other food assistance programs.

Verification: Confirmation of a provider's eligibility for Tier I status under the Child and Adult Care Food Program. Verification must include either confirmation of income eligibility or confirmation that the provider is included in a currently certified food stamp, FDPIR, or state TANF assistance units. At state or local discretion, verification may also include confirmation of (1) names of all household members, (2) social security number of the adult household member used on the Family-Size and Income Application or an indication that the household member does not possess one, and (3) signature of adult member of the family.

TIER I DAY CARE HOMES

Family day care homes participating in the Child and Adult Care Food Program are classified as Tier I homes, either by location of the home in an eligible area (area eligibility) or by the provider's income. After a home has been classified as Tier I, all Program meals served to enrolled children are reimbursed at Tier I rates, regardless of the income of the enrolled children's household. However, if the Tier I classification is based on area eligibility, the provider must still submit a Family-Size and Income Application in order to receive reimbursement for meals served to his/her own children.

Under CACFP regulations, §226.2, area eligibility is defined as follows:

- A family day care home that is located in an area served by a school enrolling elementary students in which at least 50 percent of the total number of children enrolled are certified eligible to receive free or reduced-price meals.

OR

- A family day care home that is located in a geographic area, as defined by USDA Food and Nutrition Service (based on census data), in which at least 50 percent of the children residing in the area are members of households that meet the income standards for free or reduced-price meals.

In addition, the provider's household income may be used to classify a home as Tier I. In this case, the law requires that the household income be verified. The definition in §226.2 is:

> A family day care home that is operated by a provider whose household meets the income standards for free or reduced-price meals, as determined by the sponsoring organization based on a completed Family-Size and Income Application, and whose income is verified by the sponsoring organization of the home in accordance with §226.23(h)(6).

SPONSORING ORGANIZATION RESPONSIBILITY FOR TIER DETERMINATION

Sponsoring Organizations are responsible for determining the classification of a family day care home as a Tier I home. If the sponsoring organization has not been able to verify that the home meets one of the criteria for Tier I classification, the home must be classified as a Tier II family day care home.

Sponsoring Organizations will need to be familiar with the requirements for Tier I classification and maintain appropriate documentation to support their determination of each family day care home's eligibility for Tier I benefits. Sponsors should maintain on file the documentation used to determine the classification of the home as Tier I for as long as the classification is in effect, plus three fiscal years. (The length of time the Tier I classification is in effect will be different [depending on the method used], as explained in the discussions on the following pages about using school or census data or the provider's income or categorical eligibility.) The classification documentation and all other records to support reimbursement claims must be retained for three years after the end of the fiscal year to which they pertain (or longer if there is an ongoing audit or investigation). They must also be made available to the Oklahoma State Department of Education (hereinafter referred to as the *State Agency*), USDA, or the General Accounting Office (GAO) for review or audit at any reasonable time and place.

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TIER I CLASSIFICATION BASED ON AREA ELIGIBILITY

Use of School Data

The State Agency is required each year to provide a list of elementary schools in the state in which at least 50 percent of the enrolled children have been determined to be eligible to receive free or reduced-price meals. Each school food authority (SFA) must provide the State Agency with a list of all elementary schools under its jurisdiction in which 50 percent or more of enrolled children have been determined eligible for free or reduced-price meals as of the last operating day in October. No later than February 1, the State Agency must consolidate the information provided by SFAs and provide all Sponsoring Organizations in the state with this information no later than February 15 of each year.

NOTE: There is no specific definition of "elementary school" in the law. States may define "elementary" in the way the term is typically used in the state. In Oklahoma, an elementary school is kindergarten through eighth grade.

A sponsoring organization must determine and document school attendance area information for each family day care home. Most commonly, sponsors would obtain an official school-boundary identifying map, match provider addresses to the map's boundaries, and retain the map as documentation. If such maps were unavailable, the sponsor would need to contact school officials to verify the attendance area of the schools serving its providers and document the results of this contact, either with a letter from a school official to the sponsor or with a memorandum to the files detailing the information provided by the school officials and the name of the official(s) consulted. A memorandum to the files should always be dated and initialed.

The Sponsoring Organization's determination that a family day care home is located in an eligible low-income area will be in effect for three years when the determination is based on school data.

Use of Census Data

Census data is collected only once every ten years. The Bureau of the Census typically does not release the data until several years after it is collected. The State Agency makes available the latest census data showing areas of the state in which at least 50 percent of children are from households meeting income standards for free or reduced-price meals. If census data information is used to determine area eligibility, the sponsor would need to maintain census block group-boundary maps for each provider to document his/her eligibility to receive Tier I reimbursement. Alternately, some commercially available geomapping computer software programs will provide a list of provider's street addresses matched to eligible census blocks. Such lists may also be maintained as documentation.

When census data is used to determine a home's eligibility as a Tier I home, the determination remains in effect until more recent census data become available.

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TIER I CLASSIFICATION
BASED ON ELIGIBILITY OF PROVIDER

In order to classify a family day care home as Tier I based on the provider's household income or categorical eligibility, the sponsoring organization must:

1. Have on file a completed Family-Size and Income Application for the provider that lists all household members and income or shows categorical eligibility.
2. Total the household income and check to see that the income and the family size are within the current income-eligibility guidelines.
3. Verify, using outside sources, that the information submitted by the provider is accurate.

> ***All three of the above steps must have been completed prior to reimbursing the provider for meals at the Tier I rates.***

Classification Based on Categorical Eligibility of Provider:

Providers may demonstrate that they meet the criteria for free or reduced-price meals by virtue of their receipt of benefits from food stamps, "Temporary Assistance for Needy Families" (TANF) benefits, or "Food Distribution Program on Indian Reservations" (FDPIR) benefits.

> ***If the family day care home is receiving Tier I rates based on the provider's household income or categorical eligibility, eligibility must be redetermined each fiscal year (October 1 through September 30).***

Verification of Provider's Household Income or Categorical Eligibility:

Sources of information for verification of the provider's household income or categorical eligibility include written evidence and agency records.

Written Evidence

Written evidence shall be used as the primary source of information for verification. Such evidence may be submitted by the provider along with the provider's income application. Written evidence includes:

- Written confirmation of a household's circumstances, such as pay or wage stubs from employer(s) or a letter from employer(s) confirming wages.

> ***Acceptable written evidence of pay or wages must contain the name of the household member, amount of income received, frequency received, and the date the income was received. For example, a pay stub with no date would be insufficient.***

- Tax forms.

> ***NOTE: The sponsoring organization may use income tax forms as verification for self-employed persons. However, income is defined differently for USDA programs than income is defined by the Internal Revenue Service (IRS) for income tax purposes. Refer to separate guidance for further information.***

- A current *Notice of Eligibility* for food stamp benefits, current certification to participate in FDPIR and/or TANF, or award letters from the welfare department or other government agencies that establish the household's eligibility to receive food stamps, FDPIR, or TANF.

Agency Records

The sponsoring organization may also submit the name and case number—provided on an FSIA—of a categorically eligible provider to the local food stamp or welfare office to request verification of the provider's categorical eligibility. Food stamp or welfare offices are permitted to release eligibility information from their files to other federal assistance programs and federally assisted state programs. The sponsor should request information for the most recent month available.

Documentation of Verification

The sponsoring organization must keep a record of the source of information used to verify the provider's household income or categorical eligibility. The sponsoring organization must retain either:

- All documents submitted by the household.

OR

- Photocopies of the document.

Sponsors should maintain on file the documentation used to determine the classification of the home as Tier I for three years after the end of the fiscal year to which they pertain, or longer if there is an ongoing audit or investigation.

PROVIDER'S OWN CHILDREN

Meals served to the provider's own children may only be reimbursed if the following three conditions exist:

1. The provider's children must be enrolled and participating in the child care program during the time of the meal service.
2. Other enrolled nonresident children must be present and participating in the same meal service.
3. The sponsoring organization must have an FSIA on file for the provider's household showing that the provider's household is income-eligible or categorically eligible.

The term *provider's own children* refers to any children who reside in the household (such as the provider's own children by birth or adoption), grandchildren, or housemates' children who are part of the economic unit.

An economic unit is a group of related or unrelated people who share housing and/or all significant income and expenses of its members. Generally, individuals residing in the same house are an economic unit. However, more than one economic unit may reside in the same house. Separate economic units in the same house are characterized by prorating expenses and economic independence from one another.

If the provider has been determined to be eligible for Tier I rates due to area information—either school or census data—the provider's own children will be eligible for reimbursement only if the provider has completed an FSIA and has been determined to qualify for benefits on the basis of household income or because the household participates in the food stamp program, FDPIR, or TANF. NOTE: This does not include the "expanded" categorical eligibility that may be used to qualify children in Tier II homes.

Verification for Provider's Own Children—Area Eligibility

In cases where the other children in the home are eligible for Tier I rates due to area eligibility, the sponsoring organization must ensure that the provider's FSIA has been thoroughly completed and the total income assessed prior to making a determination that the provider's own children may be reimbursed for Program meals. However, the sponsor is not required to verify the information on the Family-Size and Income Application from other sources.

TIER II DAY CARE HOMES

A Tier II family day care home is defined as one that does ***NOT*** meet the criteria for classifying an FDCH as Tier I. That is, it would ***NOT*** be located in an area that meets the criteria for having 50 percent of children eligible for free or reduced-price meals using appropriate area data ***NOR*** would the provider's household have submitted an FSIA documenting income eligibility (at or below 185 percent of the federal income poverty guidelines) or categorical eligibility.

Tier II day care homes (those family day care homes that do not qualify to receive the higher Tier I rates) may still receive Tier I rates for those children enrolled in their care who are individually determined to be eligible for Tier I reimbursement. The family day care home provider has the option to decide whether or not he/she wishes to take advantage of this option.

Meals served to children in Tier II family day care homes are eligible for Tier I reimbursement if the children's families meet one of the following conditions:

- They may be determined to be *income-eligible* if they have completed an FSIA that shows that their household income is at or below 185 percent of the income guidelines for poverty.

- They may be categorically eligible if they participate in the food stamp, FDPIR, or certain state TANF programs.

- They may meet the *expanded* categorical-eligibility criteria if they are participating in or subsidized under any federally or state-supported child care or other benefit program with an income-eligibility limit that does not exceed 185 percent of the income guidelines for poverty.

If a provider chooses to distribute Family-Size and Income Applications and all enrolled children meet the income-eligibility guidelines, the home is categorized as "Tier II-All Higher (II-H)."

Those Tier II homes that receive some combination of Tier I and Tier II reimbursement rates for meals served to enrolled children are considered to be "Tier II-Mixed " (II-M) homes. The provider will receive Tier I rates for meals served to children who have been determined to be eligible based on household size and income or receipt of categorically eligible benefits and Tier II rates for meals served to all other children.

If a provider chooses not to distribute Family-Size and Income Applications to participating households, the home is categorized as a "Tier II-All Lower (II-L)" home. The provider will receive Tier II rates for meals served to all children in the home.

NOTE: The "expanded" categorical eligibility criteria were established by P.L. 104-193 only for children enrolled in Tier II homes. It does **NOT** ***apply to the determination of provider eligibility for Tier I status or to the provider's own children in Tier I family day care homes.***

Foster Children of Parent/Guardian Households

Foster children are always considered a household of one. A foster child is one who is the legal responsibility of a welfare agency or court. A foster child may be certified as eligible for free meals regardless of household income.

However, children who live in the home without formal, legal placement by a court or other agency of government must be considered members of the household. These children may be considered *foster* children by the family, but unless they are the legal responsibility of a court or welfare agency, they must be considered members of the household for purposes of determining eligibility for Tier I reimbursement.

Other residential children who live in the dwelling where care is given are reimbursable only if they can be considered the provider's own.

Distribution and Return of Family-Size and Income Applications

If the sponsoring organization chooses, the provider may distribute blank FSIAs to families of children enrolling for care. However, it must be made clear to the family that the completed FSIA ***MUST*** be returned to the sponsoring organization.

The sponsoring organization may also provide the FSIA directly to the family and request that the information be returned directly to them.

The sponsoring organization may wish to provide stamped, self-addressed envelopes to facilitate the return of the completed FSIAs. This is not required; however, it is in the best interest of the sponsor and the child care provider to encourage households to return completed FSIAs promptly.

If the provider elects to have the sponsoring organization collect income information from participating households, the sponsoring organization will be responsible for:

- Collecting FSIAs from the households of all children enrolled in the home.
- Determining which FSIAs meet the eligibility standards.

NOTE: Since a family day care home may qualify as a Tier I home on the basis of the provider's household eligibility for free or reduced-price meals, by definition there will be no meals reimbursed for provider's own children in Tier II homes.

Confidentiality of Information

In order to provide confidentiality to households, Sponsoring Organizations are prohibited from making Tier I eligibility information concerning individual households available to family day care home providers. This information may only be made available to persons directly connected with the administration and monitoring of the Program.

Therefore, sponsors may inform providers in Tier II homes only of the ***NUMBER*** of enrolled children determined by the sponsoring organization as eligible for Tier I benefits. The providers may not be informed of the names of children eligible for either Tier I or Tier II reimbursement.

VERIFICATION OF ELIGIBILITY FOR TIER I REIMBURSEMENT

SCOPE AND DEFINITION

For homes that do not qualify for Tier I status (based on area data), the provider may apply for Tier I reimbursement by completing a Family-Size and Income Application and cooperating with verification requirements.

Verification is the confirmation of eligibility for Tier I reimbursement for family day care home providers participating under the Child and Adult Care Food Program. Verification must include confirmation of reported income or documentation that the provider's household is a current recipient of food stamp, TANF, or FDPIR benefits.

A. Requirements

1. Verification must take place prior to approving a family day care home for Tier I status.
2. The FDCH sponsoring organization must complete verification of 100 percent of the providers who apply for Tier I reimbursement rates by completing a Family-Size and Income Application.

B. General

1. To determine if a provider meets Tier I eligibility requirements, sponsors must compare the household size and the total household income to the income-eligibility guidelines.
2. Sponsoring Organizations may be asked by households for guidance on whom to include as a household member or what to include as income on the Family-Size and Income Application.

C. Determining Household Size

The following may be used as a guideline when asked questions relating to household size:

1. A group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit.
2. A group of related or unrelated people who share housing and/or all significant income and expenses of its members. Generally, individuals residing in the same house are an economic unit. However, more than one economic unit may reside together in the same house. Separate economic units in the same house are characterized by prorating expenses and economic independence from one another.

3. Special Situations

a. Adopted Child—An adopted child for whom a household has accepted legal responsibility is considered to be a member of that household.

b. Child Attending an Institution—A child who attends, but does not reside in, an institution is considered a member of the household in which he/she resides.

c. Child Away at School—A child who is temporarily away at school (e.g., attending boarding school or college) should be counted as a member of the household.

d. Child Living With One Parent, Relatives, or Friends—In cases where no specific welfare agency or court is legally responsible for the child or where the child is living with one parent, other relatives, or friends of the family, the child is considered to be a member of the household with whom he/she resides. Children of divorced or separated parents are generally a part of the household that has custody.

e. Emancipated Child—A child living alone or as a separate economic unit is considered to be a household of one. In some cases, an emancipated child may be living with relatives or friends, none of whom is an adult. If the household is one economic unit, all income and household members ***MUST*** be included to determine eligibility. Age is not a factor in defining an emancipated child.

f. Foreign Exchange Student—A foreign exchange student is considered to be a member of the household in which he/she resides (i.e., the household hosting the student).

g. Institutionalized Child—An institutionalized child is a child who resides in a residential-type facility that the state has determined is not a boarding school. Such a child is considered a household of one.

h. Family Members Living Apart—Family members living apart on a ***TEMPORARY*** basis are considered household members. Family members not living with the household for an ***EXTENDED*** period of time are not considered members of the household for purposes of determining eligibility, but any money made available by them or on their behalf for the household is included as income to the household.

D. Determining Household Income

1. Income is any money received on a recurring basis.

2. Households must report all current income. Current income means monies received by the household during the month prior to completing the Family-Size and Income Application.

3. A family day care home provider is considered to be self-employed and therefore should report net income. Net income for the self-employed is determined by subtracting business expenses from gross receipts.

4. For self-employed persons, last year's income (tax return information) may be used as a basis to project current year's net income, unless current net income provides a more accurate measure.

5. Any wages earned by a member of a provider's household must be reported in gross earnings. Specifically, gross earned income means all money earned before such deductions as income taxes, employee's social security taxes, insurance premiums, and bonds.

6. For a household with income from wages and self-employment, each amount must be reported separately. When there is a business loss and the income from self-employment is negative, it should be listed as zero income. The loss from the self-employed member of the household may not be deducted from the income of any wage earner in the household.

7. The following is considered income but is not limited to:

    a. Wages, salaries, tips, commissions, net income from self-owned businesses and farms, strike benefits, unemployment compensation, worker's compensation

    b. Public assistance payments/welfare payments (TANF), alimony or child support payments, ***BUT NOT FOOD STAMP BENEFITS***

    c. Pensions, retirement income, social security, supplemental security income, and veteran's payments

    d. Net rental income; annuities; net royalties; disability benefits; interest; dividend income; cash withdrawn from savings; income from estates, trusts, and/or investments; regular contributions from persons not living in the household; and any other money that may be available to pay for the child(ren)'s meals.

E. Categorical Eligibility

Categorical Eligibility: Children who are currently receiving food stamp or TANF or FDPIR benefits are categorically eligible for free meal benefits if the application contains the child's name, the food stamp or TANF or FDPIR case number, and the signature of an adult household member. Verification of eligibility for providers listing a food stamp or TANF case number on the Family-Size and Income Application may be accomplished by submitting the provider's name and case number to the local food stamp or welfare office for written confirmation of receipt of benefits. The verification is considered complete when the welfare agency responds with written evidence of the household's participation status. When a provider is a participant in the FDPIR with a specific Indian tribe, the provider must supply a copy of the FDPIR eligibility notification indicating current participation status. If an FDPIR participation document is not available, the sponsoring organization may request written notification from the Indian tribe.

1. A food stamp case number is a number beginning with the letter A, B, C, D, or S.

2. A TANF number is recognized by a number beginning with the letter C.

F. Processing Verification Records

1. Whether Tier I status is granted or not, documentation of such efforts must be kept on file to demonstrate compliance with verification requirements for those homes that are not census data-eligible or school data-eligible.

2. In addition to a complete Family-Size and Income Application, the following may be used by the sponsoring organization to verify household income status of Tier I providers:

    a. Copies or original pay stubs for wages and salaries earned by household

    b. Copies of original W-2 forms for wages and salaries earned by household

    c. Copy of last tax return if it is reflective of current income

    d. Letter from employer(s) of wage earners in household stating gross wages paid and how often they are paid

    e. Verification of government benefits from funding source

    f. Copy of participation document for food stamps, TANF, or FDPIR

    g. Copies of current gross income receipts in addition to any business expense deductions expected to reflect net income

    h. Copies of court decree for verification of the amount of any child support or alimony

NOTE: *When calculations are made to determine current income, the sponsoring organization should annotate the figures used in the calculations.*

G. Notification of Status as a Result of Verification

Providers must be notified of their reimbursement status as a result of verification efforts. A written notice of the determination must be given to the provider and a copy of such notice kept on file by the sponsoring organization.

H. The following pages may be used in conjunction with verification efforts.

1. Letter to Food Stamp, TANF, or FDPIR Office From CACFP sponsoring organization
2. Notice to Providers of Eligibility Status Resulting From Verification
3. Application for Tier I Home Status Based on Provider's Income
4. Family Day Care Homes FY2000 Family-Size and Income Application
5. Monthly Record of Income and Expenses
6. Business Mileage Record

LETTER TO FOOD STAMP, TANF, OR FDPIR OFFICE FROM CACFP SPONSORING ORGANIZATION

Dear______________________________________: Date: ______________________

The regulations for the food stamp, "Temporary Assistance for Needy Families" (TANF), and "Food Distribution Program on Indian Reservations" (FDPIR) programs permits release of eligibility information to administrators of the Child and Adult Care Food Program (CACFP) to ensure that family day care home providers are eligible to receive Tier I rates of reimbursement.

The receipt of food stamps, TANF, or FDPIR automatically qualifies a family day care home participating in the CACFP for Tier I rates. Listed below is a provider(s) who has indicated that he/she now receives food stamp, TANF, or FDPIR benefits. On the chart below, please indicate if the household is currently participating in the food stamp, TANF, or FDPIR program.

Your prompt return of this letter will be appreciated. A self-addressed return envelope is also enclosed for your convenience. If you have any questions or need additional information, please contact

___________________________________ at ___________________________________
(Sponsoring Organization Representative) (Sponsoring Organization Name)

at _________________________.
(Telephone Number)

FAMILY DAY CARE HOME PROVIDER (Last Name, First Name)	FOOD STAMP, TANF, OR FDPIR NUMBER	CURRENT PARTICIPATION IN FOOD STAMPS, TANF, OR FDPIR	
		YES	NO

____
(Signature of Food Stamp/TANF Representative) (Date)

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EXAMPLE

LETTER TO FOOD STAMP, TANF, OR FDPIR OFFICE FROM CACFP SPONSORING ORGANIZATION

Dear Anywhere, OK DHS : Date: 9/15/99

The regulations for the food stamp, "Temporary Assistance for Needy Families" (TANF), and "Food Distribution Program on Indian Reservations" (FDPIR) programs permits release of eligibility information to administrators of the Child and Adult Care Food Program (CACFP) to ensure that family day care home providers are eligible to receive Tier I rates of reimbursement.

The receipt of food stamps, TANF, or FDPIR automatically qualifies a family day care home participating in the CACFP for Tier I rates. Listed below is a provider(s) who has indicated that he/she now receives food stamp, TANF, or FDPIR benefits. On the chart below, please indicate if the household is currently participating in the food stamp, TANF, or FDPIR program.

Your prompt return of this letter will be appreciated. A self-addressed return envelope is also enclosed for your convenience. If you have any questions or need additional information, please contact

Sam Banks at BIG BUCKS CAP
(Sponsoring Organization Representative) (Sponsoring Organization Name)

at 580/444-3210 .
(Telephone Number)

FAMILY DAY CARE HOME PROVIDER (Last Name, First Name)	FOOD STAMP, TANF, OR FDPIR NUMBER	CURRENT PARTICIPATION IN FOOD STAMPS, TANF, OR FDPIR	
		YES	NO
Williams, Leon	C432103	X	
Evans, Markus	S329432	X	
Lindsey, Martha	C870123		X

Ms. Lucy Jones, Adm. Coord. 9/25/99
(Signature of Food Stamp/TANF Representative) (Date)

NOTICE TO PROVIDERS OF ELIGIBILITY STATUS RESULTING FROM VERIFICATION

Dear ______________________________: Home #: ________________ Date: ____________

As a result of verification efforts required by Child and Adult Care Food Program (CACFP) Family Day Care Home Tiering Regulations, your eligibility status is as follows:

☐ Tier I status is granted beginning on ______________________________________

☐ Tier I status is denied due to the following reason:

  ☐ Income is over allowable amount.

  ☐ You did not provide complete proof of eligibility.

  ☐ Your food stamp/"Temporary Assistance for Needy Families" (TANF)/"Food Distribution Program on Indian Reservations" (FDPIR) participation could not be verified.

If you did not qualify as a Tier I home but have a decrease in household income, a household member becomes unemployed, or have a change in household size, you may reapply for Tier I status. You may contact our office at ______________________________ to discuss this possibility.
(Phone Number)

Sincerely,

______________________________________ ______________________________________
(Sponsoring Organization Representative) (Title)

____
(Sponsoring Organization Name)

In the operation of Child Nutrition Programs, no child will be discriminated against because of race, sex, color, national origin, age, or disability. If you believe you have been discriminated against, write immediately to the State Department of Education, Child Nutrition Programs Section, Room 310, 2500 North Lincoln Boulevard, Oklahoma City, Oklahoma 73105-4599 or to the Secretary of Agriculture, Washington, D.C. 20250.

EXAMPLE

NOTICE TO PROVIDERS OF ELIGIBILITY STATUS RESULTING FROM VERIFICATION

Dear MARTHA LINDSEY : Home #: 26 Date: 9/29/99

As a result of verification efforts required by Child and Adult Care Food Program (CACFP) Family Day Care Home Tiering Regulations, your eligibility status is as follows:

- ☒ Tier I status is granted beginning on 9/28/99
- ☐ Tier I status is denied due to the following reason:
  - ☐ Income is over allowable amount.
  - ☐ You did not provide complete proof of eligibility.
  - ☐ Your food stamp/"Temporary Assistance for Needy Families" (TANF)/"Food Distribution Program on Indian Reservations" (FDPIR) participation could not be verified.

If you did not qualify as a Tier I home but have a decrease in household income, a household member becomes unemployed, or have a change in household size, you may reapply for Tier I status. You may contact our office at ____________________ to discuss this possibility.
(Phone Number)

Sincerely,

Sam Banks
(Sponsoring Organization Representative)

Executive Director
(Title)

BIG BUCKS CAP
(Sponsoring Organization Name)

In the operation of Child Nutrition Programs, no child will be discriminated against because of race, sex, color, national origin, age, or disability. If you believe you have been discriminated against, write immediately to the State Department of Education, Child Nutrition Programs Section, Room 310, 2500 North Lincoln Boulevard, Oklahoma City, Oklahoma 73105-4599 or to the Secretary of Agriculture, Washington, D.C. 20250.

APPLICATION FOR TIER I HOME STATUS BASED ON PROVIDER'S INCOME

Your family day care home is not located in an area that qualifies you for Tier I rates. However, you may apply for these higher rates by completing a Family-Size and Income Application (FSIA) (attached). If your current household income is within the Tier I eligibility guidelines, you must provide written proof of all income before the determination can be made (see *Ways to Prove Current Income* on back side of form). *Current participation in the food stamp, "Temporary Assistance for Needy Families" (TANF), or "Food Distribution Program on Indian* Reservations" (FDPIR) program will also be verified with the appropriate agencies. If your income information qualifies you as a Tier I home, all meals served to enrolled children will be reimbursed at the higher rate.

If you choose to provide a copy of your last year's tax return for verification purposes, it must be representative of your current income as a self-employed day care provider. Any other household members who are wage earners must supply last month's proof of income (pay stub*, etc.) instead of using tax return information. Family day care homes operating for less than the full tax period will take net profits and divide by the number of months in operation to determine current net income. New providers not operating a family day care home last year will need to calculate their current income. Below is a work sheet to help assess your income and to determine what documents must be provided for verification. Once you have determined your household income information, complete the Family-Size and Income Application and attach copies of receipts, pay stubs, etc., along with this work sheet. Any business expense without proper documentation will not be deducted from gross profits.

WORK SHEET TO DETERMINE CURRENT MONTHLY INCOME

(Without a Tax Return)

Last Month's Gross Income of Provider:

Parent fee (provide copy of payment records) $ ____________
DHS/Tribal copayments (provide copy of claim) $ ____________
DHS/Tribal payments (provide copy of claim) $ ____________
Other: ____________________ $ ____________

Other Income (If Applicable):

Salary received from outside employment $ ____________
Child support (provide copy of court decree) $ ____________
Alimony (provide copy of court decree) $ ____________

CHILD AND ADULT CARE FOOD PROGRAM: $ ____________
(The amount of your reimbursement from last month [if applicable])

GRAND TOTAL OF PROVIDER INCOME: $ ____________ (A)

Last Month's Business Expenses of Provider:
(You must attach itemized receipts for any expense you wish deducted)

Day care home food and food-related supplies $ ____________
Day care business-related expenses
  Advertising $ ____________
  Toys/books/art supplies $ ____________
  Bank/legal fees $ ____________
  Rent (X Time and Space % Age) $ ____________
  Utilities (X Time and Space % Age) $ ____________
  Child care supplies (diapers, cleanup supplies) $ ____________
  Mileage (miles from log X 31 cents) $ ____________
  Other: ____________________ $ ____________

GRAND TOTAL OF ALL BUSINESS EXPENSES: $ ____________ (B)

____________ — ____________ = ____________

(A) Gross Income (B) Business Expenses **CURRENT NET INCOME**

***Provider only**

THINGS TO CONSIDER WHEN COMPLETING YOUR TIER I APPLICATION

- All income must be verified, and information provided must meet eligibility guidelines before a Tier I determination is made.

- Your household size must include any related or unrelated individuals who are living with you as an economic unit. Check with the State Department of Education if you have a special situation related to determining household size (child away at school, joint custody, etc.).

- Income is considered to be any money received on a recurring basis.

    * Households must report all current income (month prior to completing this application).
    * Net income may be reported for the self-employed in household while gross income should be reported for those earning wages or salaries.

- Some examples of income are: wages, salaries, tips, commissions; public assistance payments; alimony and child support; income to your day care business—parent payments (day care fees), copayments, DHS payments, and CACFP reimbursement.

Ways to Prove Current Income

- ***Copies of or original pay stubs*** for wages and salaries earned by household
- ***Copies of or original W-2 forms*** for wages and salaries earned by household
- ***Copy of last tax return*** if it is reflective of current income
- ***Letter from employer(s) of wage earners*** in household stating gross wages paid and how often they are paid
- ***Verification of government benefits from funding source***
- ***Copy of participant card for food stamp, TANF, or FDPIR***
- ***Copy of payment records*** to show income from clients for child care services in your family day care home
- ***Copy of DHS records*** that reflect the amount of monies received for Title XX benefits. These records must also show any ***copayments from parents*** for child care services.
- ***Payment vouchers or check stubs*** to verify food program reimbursement
- ***Copies of court decree*** for verification of the amount of any child support or alimony

Ways to Prove Business Expenses

- ***Itemized receipts*** for food and food-related expenses for child care food only (You may have to show personal food receipts to prove you are not including personal expenses with business expenses.)
- ***Itemized receipts*** for expenses relating to and supporting the operation of your child care business
- ***Rent and utilities*** may be deducted (copies of receipts required) by using the ***TIME and SPACE*** formula (below) multiplied by your utility bills (up to 35 percent)

Number of hours home is used as business per year		Number of square feet within your home used as business			
divided by	X	***divided by***	=	______________________	%
TOTAL HOURS IN A YEAR		**TOTAL SQUARE FEET IN HOME**			

- ***Utilities*** may include your electric bill, gas bill, water and sewage bill. You may also include cable television as a utility if your enrolled children watch educational programming. The ***TIME and SPACE*** percentage must be applied to the total utility cost.
- ***Mileage log for travel*** to grocery store, school, library, and field trips. The log should have dates, starting and ending mileage, total miles driven, and the purpose for each trip.

EXAMPLE

APPLICATION FOR TIER I HOME STATUS BASED ON PROVIDER'S INCOME

Your family day care home is not located in an area that qualifies you for Tier I rates. However, you may apply for these higher rates by completing a Family-Size and Income Application (attached). If your current household income is within the Tier I eligibility guidelines, you must provide written proof of all income before the determination can be made (see "Ways to Prove Current Income" on back side of form). Current participation in the food stamp, TANF, or FDPIR program will also be verified with the appropriate agencies. If your income information qualifies you as a Tier I home, all meals served to enrolled children will be reimbursed at the higher rate.

If you choose to provide a copy of your last year's tax return for verification purposes, it must be representative of your current income as a self-employed day care provider. Any other household members who are wage earners must supply last month's proof of income (pay stub*, etc.) instead of using tax return information. Family day care homes operating for less than the full tax period will take net profits and divide by the number of months in operation to determine current net income. New providers not operating a family day care home last year will need to calculate their current income. Below is a work sheet to help assess your income and to determine what documents must be provided for verification. Once you have determined your household income information, complete the Family-Size and Income Application and attach copies of receipts, pay stubs, etc., along with this work sheet. Any business expense without proper documentation will not be deducted from gross profits.

WORK SHEET TO DETERMINE CURRENT MONTHLY INCOME

(Without a Tax Return)

Last Month's Gross Income of Provider:		
Parent fee (provide copy of payment records)	$ 350.00	
DHS/Tribal copayments (provide copy of claim)	$ 0	
DHS/Tribal payments (provide copy of claim)	$ 0	
Other:	$ 0	
Other Income (If Applicable):		
Salary received from outside employment	$ 0	
Child support (provide copy of court decree)	$ 250.00	
Alimony (provide copy of court decree)	$ 0	
CHILD AND ADULT CARE FOOD PROGRAM: (The amount of your reimbursement from last month [if applicable])	$ 0	
GRAND TOTAL OF PROVIDER INCOME:		$ 600.00 (A)
Last Month's Business Expenses of Provider: (You must attach itemized receipts for any expense you wish deducted)		
Day care home food and food-related supplies	$ 275.00	
Day care business-related expenses		
Advertising	$ 0	
Toys/books/art supplies	$ 0	
Bank/legal fees	$ 10.00	
Rent (X Time and Space % Age)	$ 0	
Utilities (X Time and Space % Age)	$ 0	
Child care supplies (diapers, cleanup supplies)	$ 25.00	
Mileage (miles from log X 31.5 cents)	$ 0	
Other:	$ 0	
GRAND TOTAL OF ALL BUSINESS EXPENSES:		$ 310.00 (B)

$600.00	—	310.00	=	290.00
(A) Gross Income		(B) Business Expenses		**CURRENT NET INCOME**

***Provider only**

THINGS TO CONSIDER WHEN COMPLETING YOUR TIER I APPLICATION

- All income must be verified, and information provided must meet eligibility guidelines before a Tier I determination is made.
- Your household size must include any related or unrelated individuals who are living with you as an economic unit. Check with the State Department of Education if you have a special situation related to determining household size (child away at school, joint custody, etc.).
- Income is considered to be any money received on a recurring basis.
    - * Households must report all current income (month prior to completing this application).
    - * Net income may be reported for the self-employed in household while gross income should be reported for those earning wages or salaries.
- Some examples of income are: wages, salaries, tips, commissions; public assistance payments; alimony and child support; income to your day care business—parent payments (day care fees), copayments, DHS payments, and CACFP reimbursement.

Ways to Prove Current Income

- ***Copies of or original pay stubs*** for wages and salaries earned by household
- ***Copies of or original W-2 forms*** for wages and salaries earned by household
- ***Copy of last tax return*** if it is reflective of current income
- ***Letter from employer(s) of wage earners*** in household stating gross wages paid and how often they are paid
- ***Verification of government benefits from funding source***
- ***Copy of participant card for food stamp, TANF, or FDPIR***
- ***Copy of payment records*** to show income from clients for child care services in your family day care home
- ***Copy of DHS records*** that reflect the amount of monies received for Title XX benefits. These records must also show any ***copayments from parents*** for child care services.
- ***Payment vouchers or check stubs*** to verify food program reimbursement
- ***Copies of court decree*** for verification of the amount of any child support or alimony

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Ways to Prove Business Expenses

- ***Itemized receipts*** for food and food-related expenses for child care food only (You may have to show personal food receipts to prove you are not including personal expenses with business expenses.)
- ***Itemized receipts*** for expenses relating to and supporting the operation of your child care business
- ***Rent and utilities*** may be deducted (copies of receipts required) by using the ***TIME and SPACE*** formula (below) multiplied by your utility bills (up to 35 percent)

Number of hours home is used as business per year		Number of square feet within your home used as business		
divided by	X	***divided by***	=	______ %
TOTAL HOURS IN A YEAR		**TOTAL SQUARE FEET IN HOME**		

- ***Utilities*** may include your electric bill, gas bill, water and sewage bill. You may also include cable television as a utility if your enrolled children watch educational programming. The ***TIME and SPACE*** percentage must be applied to the total utility cost.
- ***Mileage log for travel*** to grocery store, school, library, and field trips. The log should have dates, starting and ending mileage, total miles driven, and the purpose for each trip.

FDCH-4B
(Rev. 4/99)

EXAMPLE

2000 FISCAL YEAR CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE AND INCOME APPLICATION
FOR FAMILY DAY CARE HOMES (FDCH)

FOR SPONSOR USE ONLY:

1. Indicate type of application: ☐ Provider ☐ Parent/Guardian

2. Provider's Name: ____________________ Agreement Number: ____________

3. Print ***CHILD'S NAME*** (First and Last).

4. List each child's ***FOOD STAMP, TANF[1], OR FDPIR[2] case number***, if any.

NAME	FOOD STAMP NUMBER	*OR*	TANF NUMBER	*OR*	FDPIR NUMBER

4a. ***Expanded Categorical Eligibility***
TIER II HOMES ONLY

- ☐ WIC[3]
- ☐ Head Start
- ☐ Title XX
- ☐ Energy Program (LIHEAP)
- ☐ Refugee Assistance
- ☐ NSLP/SBP[4]
- ☐ Commodity Supplemental Food Program
- ☐ Child Care Development Fund

5. ***FOSTER CHILD:*** List the child's monthly ***personal use*** income. Write ***0*** if the child had no ***personal use*** income. $ ________

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6. ***HOUSEHOLD MEMBERS AND MONTHLY INCOME:*** If you indicated that you are a participant in Item 4 or 4a, skip to Item 7.

NAMES OF HOUSEHOLD MEMBERS	Gross MONTHLY Earnings (Before Deductions)		MONTHLY Welfare Payments, Child Support, Alimony	MONTHLY Payments From Pensions, Retirement, Social Security	Any Other MONTHLY Income
	Job 1	Job 2			
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$

7. ***SIGNATURE AND SOCIAL SECURITY NUMBER:*** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds, that institution officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

X ______________________________ X ______________________________
Signature of Adult Household Member — Social Security Number* (See information on back of form)

Home Phone Number: ____________ Work Phone Number: ____________ Printed Name: ____________

Street/Apt. Number: ____________ City/State/Zip: ____________ Date: ____________

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[1] Temporary Assistance for Needy Families
[2] Food Distribution Program on Indian Reservations
[3] Women, Infants, and Children
[4] National School Lunch Program/School Breakfast Program

8. ***RACE:*** Please check the racial or ethnic identity of the enrollee. You are not required to answer this question.

White, not Hispanic ☐ Black, not Hispanic ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native ☐

9. **OTHER BENEFITS:** You do not have to complete this part to get free meals.

Health Insurance ☐ Yes, I want health insurance for my children. The sponsoring organization may give information from my Family-Size and Income Application to the free Sooner Care Health Benefits officials so that they can send me information about free or low-cost health insurance for my children.

I understand that I will be releasing information that will show that I applied for free meals for my children. I give up my rights to confidentiality for this purpose only.

I certify that I am the parent/guardian of the children for whom applications are being made.

Signature of Parent/Guardian: ______________________________ Date: ______________

PRIVACY STATEMENT: Federal law (P.L. 97-35) requires that, unless your child's food stamp, TANF, or FDPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out our efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations, and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamp or TANF or FDPIR benefits, contacting the State Employment Security Office to determine the amount of benefits received, and checking the documentation provided by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. **Your social security number may be released for children's health insurance benefits if the box in Part 9 is checked *Yes*.**

10. **FOR INSTITUTION USE ONLY** **DO NOT WRITE BELOW THIS LINE**

MONTHLY INCOME CONVERSION ***WEEKLY x 4.33*** ***EVERY 2 WEEKS x 2.15*** ***TWICE MONTHLY x 2***

TOTAL HOUSEHOLD SIZE: ______________ TOTAL MONTHLY INCOME: ______________

Food Stamp ☐ TANF ☐ FDPIR ☐ Foster Child ☐

EXPANDED CATEGORICAL ELIGIBILITY: ______________________________

ELIGIBILITY DETERMINATION: Approved Tier I ☐ Approved Tier II ☐

REASON FOR INELIGIBILITY: Income Too High ☐ Incomplete Application ☐ Other: ______________

SIGNATURE OF DETERMINING OFFICIAL: ______________________________

APPROVAL/VERIFICATION DATE: ______________________________

SDE/Auditor Comments: ______________________________

APPLICATION INSTRUCTIONS

SPONSOR ONLY: COMPLETE THESE ITEMS BEFORE DISTRIBUTING TO APPLICANT

1. Type of applicant: Indicate type of applicant by checking if applicant is a provider or a parent or guardian of an enrolled child.
2. Write in the name of the family day care home provider. Write in the provider number which has been issued to the provider.
3. Write in the full name of the child/children enrolled in the family day care home.
10. When the completed application is returned to the sponsoring organization, assess the information and categorize accordingly. If it is a provider application, verification procedures must be followed.

FOR ALL APPLICANTS: Complete the application using the instructions applicable to your household. Sign the application, and return the application to the sponsoring organization. If you are a family day care home provider, you will be asked to provide documentation of your income. Call the sponsoring organization if you need assistance.

3. CHILD INFORMATION: All households complete this item. Print the first and last names of the children enrolled in the family day care home.

4. HOUSEHOLDS CURRENTLY RECEIVING FOOD STAMPS, "TEMPORARY ASSISTANCE FOR NEEDY FAMILIES" (TANF), OR "FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS" (FDPIR): Complete this item and Item 7. List current food stamp, TANF, or FDPIR case number for each child. Skip Item 6. An adult household member must sign the application in Item 7. A social security number is not required.

4a. EXPANDED CATEGORICAL ELIGIBILITY: For parent/guardian to complete, if applicable. Indicate by checking if household participates in any of the listed programs. Skip Item 6. An adult household member must sign the application in Item 7.

5. HOUSEHOLDS WITH A FOSTER CHILD: (Parent or guardian households only) Complete this item and Item 8. List the foster child's monthly "personal use" income. Write "0" if the foster child does not get "personal use" income. Skip Item 6. A foster parent or other official representing the child must sign the application in Item 7. A social security number is not required.

6. ALL OTHER HOUSEHOLDS: Complete this item and Item 7. Write the names of everyone in your household, whether they receive income or not. Include yourself, the child you are applying for, all other children, your spouse, grandparents, and other related or unrelated persons in your household. Write the amount of income each household member received last month before taxes or other deductions. Record the income under the appropriate source, such as earnings, welfare pensions, and other income. If any income last month was more or less than usual, write that person's usual monthly income. Some examples of income are listed below. Note: For self-employed persons (including family day care home providers), use net income instead of gross income. Contact the sponsoring organization if you need assistance in determining net income. An adult household member must sign the application in Item 8 and list his/her social security number.

7. SIGNATURE AND SOCIAL SECURITY NUMBER: All households complete this part. All applications must have the signature of an adult household member and the social security number of the adult signing the application. If the adult who signs does not have a social security number, write "none." If you listed a food stamp, TANF, or FDPIR case number in Item 4 or indicated participation in a program listed in Item 4a, a social security number is not required.

8. RACIAL/ETHNIC IDENTITY: Complete the racial/ethnic question if you wish. You are not required to answer this question. This information is used to assure all children are treated fairly.

9. OTHER BENEFITS: You may be eligible for free or low-cost health insurance for your children. Look at Part 9 on the back of the Family-Size and Income Application. You are not required to complete this to get meal benefits.

10. INSTITUTION/SPONSOR ONLY: Review the information on the application, and complete. See note above in *SPONSOR ONLY* box.

INCOME TO REPORT

EARNINGS FROM WORK

Wages/Salaries/Tips
Strike Benefits
Unemployment Compensation
Worker's Compensation
Welfare/Child Support/Alimony
Public Assistance Payments
Welfare Payments
Net Income From Self-Owned Business

PENSIONS/RETIREMENT/SOCIAL SECURITY

Pensions
Supplemental Security Income
Retirement Income
Veteran's Payments
Social Security

OTHER INCOME

Disability Benefits
Cash Withdrawn From Savings
Interest/Dividends
Income From Estates/Trusts/Investments
Regular Contribution From Persons Not Living in the Household
Net Royalties/Annuities/Net Rental Income
Any Other Income

BEST COPY AVAILABLE

FDCH-4B
(Rev 4/99)

EXAMPLE

2000 FISCAL YEAR CHILD AND ADULT CARE FOOD PROGRAM (CACFP) FAMILY-SIZE AND INCOME APPLICATION FOR FAMILY DAY CARE HOMES (FDCH)

FOR SPONSOR USE ONLY:

1. Indicate type of application: ☐ Provider ☐ Parent/Guardian

2. Provider's Name: Martha Lindsey Agreement Number: 26

3. Print ***CHILD'S NAME*** (First and Last).

4. List each child's ***FOOD STAMP, TANF[1], OR FDPIR[2] case number***, if any.

NAME	FOOD STAMP NUMBER	*OR* TANF NUMBER	*OR* FDPIR NUMBER
Jimmy Lindsey			
Lisa Lindsey			

4a. ***Expanded Categorical Eligibility***
TIER II HOMES ONL

- ☐ WIC[3]
- ☐ Head Start
- ☐ Title XX
- ☐ Energy Program (LIHEAP)
- ☐ Refugee Assistance
- ☐ NSLP/SBP[4]
- ☐ Commodity Supplemental I Program
- ☐ Child Care Development Fı

5. ***FOSTER CHILD:*** List the child's monthly ***personal use*** income. Write ***0*** if the child had no ***personal use*** income. $ ________

6. ***HOUSEHOLD MEMBERS AND MONTHLY INCOME:*** If you indicated that you are a participant in Item 4 or 4a, skip to Iten

NAMES OF HOUSEHOLD MEMBERS	Gross MONTHLY Earnings (Before Deductions) Job 1	Job 2	MONTHLY Welfare Payments, Child Support, Alimony	MONTHLY Payments From Pensions, Retirement, Social Security	Any Other MONTHLY Income
Martha Lindsey	$ 290.00	$ (See Attachment)		$	$
Jimmy Lindsey	$	$	$	$	$
Lisa Lindsey	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$

7. ***SIGNATURE AND SOCIAL SECURITY NUMBER:*** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds, that institution officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

X Martha Lindsey
Signature of Adult Household Member

X 444-55-2222
Social Security Number* (See information on back of form)

Home Phone Number: (405) 662-1343 Work Phone Number: N/A Printed Name: Martha Lindsey

Street/Apt. Number: 111 1st Street City/State/Zip: Anywhere, OK 78910 Date: 9/15/99

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[1] Temporary Assistance for Needy Families

[2] Food Distribution Program on Indian Reservations

[3] Women, Infants, and Children

[4] National School Lunch Program/School Breakfast Program

8. ***RACE:*** Please check the racial or ethnic identity of the enrollee. You are not required to answer this question.

White, not Hispanic ☐ Black, not Hispanic ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native ☐

9. **OTHER BENEFITS:** You do not have to complete this part to get free meals.

Health Insurance ☒ Yes, I want health insurance for my children. The sponsoring organization may give information from my Family-Size and Income Application to the free Sooner Care Health Benefits officials so that they can send me information about free or low-cost health insurance for my children.

I understand that I will be releasing information that will show that I applied for free meals for my children. I give up my rights to confidentiality for this purpose only.

I certify that I am the parent/guardian of the children for whom applications are being made.

Signature of Parent/Guardian: Martha Lindsey Date: 9/15/99

PRIVACY STATEMENT: Federal law (P.L. 97-35) requires that, unless your child's food stamp, TANF, or FDPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out our efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations, and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamp or TANF or FDPIR benefits, contacting the State Employment Security Office to determine the amount of benefits received, and checking the documentation provided by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. **Your social security number may be released for children's health insurance benefits if the box in Part 9 is checked *Yes*.**

10. **FOR INSTITUTION USE ONLY** **DO NOT WRITE BELOW THIS LINE**

MONTHLY INCOME CONVERSION ***WEEKLY x 4.33*** ***EVERY 2 WEEKS x 2.15*** ***TWICE MONTHLY x 2***

TOTAL HOUSEHOLD SIZE: 3 TOTAL MONTHLY INCOME: $290.00

Food Stamp ☐ TANF ☐ FDPIR ☐ Foster Child ☐

EXPANDED CATEGORICAL ELIGIBILITY:

ELIGIBILITY DETERMINATION: Approved Tier I ☒ Approved Tier II ☐

REASON FOR INELIGIBILITY: Income Too High ☐ Incomplete Application ☐ Other:

SIGNATURE OF DETERMINING OFFICIAL: Jennifer Jones

APPROVAL/VERIFICATION DATE: 9/16/99

SDE/Auditor Comments:

155

APPLICATION INSTRUCTIONS

SPONSOR ONLY: COMPLETE THESE ITEMS BEFORE DISTRIBUTING TO APPLICANT

1. Type of applicant: Indicate type of applicant by checking if applicant is a provider or a parent or guardian of an enrolled child.
2. Write in the name of the family day care home provider. Write in the provider number which has been issued to the provider.
3. Write in the full name of the child/children enrolled in the family day care home.
10. When the completed application is returned to the sponsoring organization, assess the information and categorize accordingly. If it is a provider application, verification procedures must be followed.

FOR ALL APPLICANTS: Complete the application using the instructions applicable to your household. Sign the application, and return the application to the sponsoring organization. If you are a family day care home provider, you will be asked to provide documentation of your income. Call the sponsoring organization if you need assistance.

3. CHILD INFORMATION: All households complete this item. Print the first and last names of the children enrolled in the family day care home.

4. HOUSEHOLDS CURRENTLY RECEIVING FOOD STAMPS, "TEMPORARY ASSISTANCE FOR NEEDY FAMILIES" (TANF), OR "FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS" (FDPIR): Complete this item and Item 7. List current food stamp, TANF, or FDPIR case number for each child. Skip Item 6. An adult household member must sign the application in Item 7. A social security number is not required.

4a. EXPANDED CATEGORICAL ELIGIBILITY: For parent/guardian to complete, if applicable. Indicate by checking if household participates in any of the listed programs. Skip Item 6. An adult household member must sign the application in Item 7.

5. HOUSEHOLDS WITH A FOSTER CHILD: (Parent or guardian households only) Complete this item and Item 8. List the foster child's monthly "personal use" income. Write "0" if the foster child does not get "personal use" income. Skip Item 6. A foster parent or other official representing the child must sign the application in Item 7. A social security number is not required.

6. ALL OTHER HOUSEHOLDS: Complete this item and Item 7. Write the names of everyone in your household, whether they receive income or not. Include yourself, the child you are applying for, all other children, your spouse, grandparents, and other related or unrelated persons in your household. Write the amount of income each household member received last month before taxes or other deductions. Record the income under the appropriate source, such as earnings, welfare pensions, and other income. If any income last month was more or less than usual, write that person's usual monthly income. Some examples of income are listed below. Note: For self-employed persons (including family day care home providers), use net income instead of gross income. Contact the sponsoring organization if you need assistance in determining net income. An adult household member must sign the application in Item 8 and list his/her social security number.

7. SIGNATURE AND SOCIAL SECURITY NUMBER: All households complete this part. All applications must have the signature of an adult household member and the social security number of the adult signing the application. If the adult who signs does not have a social security number, write "none." If you listed a food stamp, TANF, or FDPIR case number in Item 4 or indicated participation in a program listed in Item 4a, a social security number is not required.

8. RACIAL/ETHNIC IDENTITY: Complete the racial/ethnic question if you wish. You are not required to answer this question. This information is used to assure all children are treated fairly.

9. OTHER BENEFITS: You may be eligible for free or low-cost health insurance for your children. Look at Part 9 on the back of the Family-Size and Income Application. You are not required to complete this to get meal benefits.

10. INSTITUTION/SPONSOR ONLY: Review the information on the application, and complete. See note above in *SPONSOR ONLY* box.

INCOME TO REPORT

EARNINGS FROM WORK

Wages/Salaries/Tips
Strike Benefits
Unemployment Compensation
Worker's Compensation
Welfare/Child Support/Alimony
Public Assistance Payments
Welfare Payments
Net Income From Self-Owned Business

PENSIONS/RETIREMENT/SOCIAL SECURITY

Pensions
Supplemental Security Income
Retirement Income
Veteran's Payments
Social Security

OTHER INCOME

Disability Benefits
Cash Withdrawn From Savings
Interest/Dividends
Income From Estates/Trusts/Investments
Regular Contribution From Persons Not Living in the Household
Net Royalties/Annuities/Net Rental Income
Any Other Income

MONTHLY RECORD OF INCOME AND EXPENSES

for ______________________________, Family Day Care Home Provider

(Attach receipts)

Month: ____________________________ Year: ____________________________

INCOME: DESCRIPTION	AMOUNT	EXPENSES: DESCRIPTION	AMOUNT

EXAMPLE

MONTHLY RECORD OF INCOME AND EXPENSES

for Martha Lindsey, Family Day Care Home Provider

(Attach receipts)

Month: August

Year: 1999

INCOME: DESCRIPTION	AMOUNT	EXPENSES: DESCRIPTION	AMOUNT
Tommy Thomas	$70.00	Anywhere Market	$23.87
Jessica Smyth	$125.00	Wally Mart	$52.35
Susan Alexander	$75.00	Anywhere Market	$85.40
Lucy Wilson	$80.00	Bank of Anywhere	$10.00
TOTAL	$350.00	Anywhere Market	$138.38
		TOTAL	$310.00

BUSINESS MILEAGE RECORD

for_________________, Family Day Care Home Provider

Month: ______________________________ Year: ______________________________

DATE	PLACE DRIVEN	PURPOSE	BEGINNING MILEAGE	ENDING MILEAGE	TOTAL MILES

MEAL PATTERN REQUIREMENTS

CREDITING FOODS IN THE CHILD AND ADULT CARE FOOD PROGRAM

The goal of the Child and Adult Care Food Program (CACFP) is to improve the health and nutrition of the nation's children and adults while promoting the development of good eating habits and nutrition education.

This resource has been prepared to provide additional information on creditable foods in child care centers, outside-school-hours care centers, Head Start centers, family day care homes, and adult care centers.

Creditable foods are those foods that may be counted toward meeting the requirements for a reimbursable meal. Foods are determined to be creditable based on the following factors: (1) nutrient content, (2) customary function in a meal, (3) whether they meet regulations governing the Child Nutrition Programs (on quantity requirements and/or by definition), (4) whether they meet the Food and Drug Administration's Standards of Identity, (5) whether they meet the United States Department of Agriculture's (USDA's) standards for meat and meat products, and (6) agreement with administrative policy decisions on the crediting of particular foods.

Noncreditable or ***OTHER*** foods are those that are not creditable because they do not meet the above criteria. ***OTHER*** foods do not meet the requirements for any components in the meal patterns. Noncreditable foods may supply calories that help meet the energy needs of participants and may contribute additional protein, vitamins, and minerals. They can be used to supplement the required meal components to improve acceptability and to satisfy the children's and adults' appetites.

USDA reimburses child and adult care centers and family day care home sponsors participating in the CACFP for the meals served, not for individual foods. A meal is reimbursable if it contains those foods in the amounts outlined in the CACFP meal patterns. Therefore, a meal may be made up of both creditable foods and noncreditable foods.

The list of creditable and noncreditable foods in this publication is not all-inclusive. The publication includes only those foods about which we have received inquiries or have noted as being credited incorrectly.

MINIMUM MEAL REQUIREMENTS OF THE CHILD AND ADULT CARE FOOD PROGRAM

When the meal pattern is properly used, the meals will include foods which supply needed nutrients and energy. The nutritional goal for meals and supplements is to furnish high-quality meals to all children in accordance with the Recommended Daily Dietary Allowance of the National Research Council/National Academy of Sciences.

The Child and Adult Care Food Program (CACFP) regulations specify that the meals meet the following meal pattern requirements.

BREAKFAST	**Children Aged 1-2 Years**	**Children Aged 3-5 Years**	**Children Aged 6-12 Years**
Milk[1]			
Milk, fluid	½ cup	¾ cup	1 cup
Vegetables and Fruits[2]			
Vegetable(s), fruit(s), full-strength juice	¼ cup	½ cup	½ cup
Bread and Bread Alternates[3]			
Enriched or whole-grain bread	½ slice	½ slice	1 slice
Cereal (cold, dry)	¼ cup or ⅓ oz[4]	⅓ cup or ½ oz[4]	¾ cup or 1 oz[4]
Cooked pasta or noodle products	¼ cup	¼ cup	½ cup
Cooked cereal or cereal grains	¼ cup	¼ cup	½ cup
LUNCH/SUPPER			
Milk[1]			
Milk, fluid	½ cup	¾ cup	1 cup
Vegetables and Fruits[2,5]			
Vegetable(s), fruit(s), full-strength juice[6]	¼ cup	½ cup	¾ cup
Bread and Bread Alternates[3]			
Enriched or whole-grain bread	½ slice	½ slice	1 slice
Cereal (cold, dry)	¼ cup or ⅓ oz[4]	⅓ cup or ½ oz[4]	¾ cup or 1 oz[4]
Cooked pasta or noodle products	¼ cup	¼ cup	½ cup
Cooked cereal or cereal grains	¼ cup	¼ cup	½ cup
Nonsweet snack products[14]	½ serving	½ serving	1 serving
Meat and Meat Alternates[7]			
Lean meat or poultry or fish[8]	1 oz	1½ oz	2 oz
Cheese	1 oz	1½ oz	2 oz
Eggs	1 egg	1 egg	1 egg
Cooked dry beans or peas[9]	¼ cup	⅜ cup	½ cup
Peanut butter, soynut butter, or other nut or seed butters	2 Tbsp	3 Tbsp	4 Tbsp
Peanuts, soynuts, or tree nuts or seeds[10]	½ oz = 50%[11]	¾ oz = 50%[11]	1 oz = 50%[11]
Yogurt, plain or flavored, unsweetened or sweetened[13]	4 oz or ½ cup	6 oz or ¾ cup	8 oz or 1 cup
SUPPLEMENT (Choose two of the following components)			
Milk[1]			
Milk, fluid	½ cup	½ cup	1 cup
Vegetables and Fruits[2]			
Vegetable(s), fruit(s), full-strength juice[12]	½ cup	½ cup	¾ cup
Bread and Bread Alternates[3]			
Enriched or whole-grain bread	½ slice	½ slice	1 slice
Cereal (cold, dry)	¼ cup or ⅓ oz[4]	⅓ cup or ½ oz[4]	¾ cup or 1 oz[4]
Cooked pasta or noodle products	¼ cup	¼ cup	½ cup
Cooked cereal or cereal grains	¼ cup	¼ cup	½ cup
Nonsweet snack products[14]	½ serving	½ serving	1 serving
Meat and Meat Alternates[7]			
Lean meat or poultry or fish[8]	½ oz	½ oz	1 oz
Cheese	½ oz	½ oz	1 oz
Eggs	½ egg	½ egg	1 egg
Cooked dry beans or peas[9]	⅛ cup	⅛ cup	¼ cup
Peanut butter, soynut butter, or other nut or seed butters	1 Tbsp	1 Tbsp	2 Tbsp
Peanuts, soynuts, or tree nuts or seeds[10]	½ oz	½ oz	1 oz
Yogurt, plain or flavored, unsweetened or sweetened[13]	2 oz or ¼ cup	2 oz or ¼ cup	4 oz or ½ cup

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[1] Includes whole milk, lowfat milk, skim milk, cultured buttermilk, or flavored milk made from these types of fluid milk which meet state and local standards. Milk served at a meal service cannot be re-served.

[2] Or an equivalent quantity of any combination of vegetable(s), fruit(s), and juice.

[3] Or an equivalent quantity of any combination of bread/bread alternate.

[4] Either volume (cup) or weight (ounce), whichever is less.

[5] Must include at least two kinds.

[6] Full-strength vegetable or fruit juice may be counted to meet not more than 1/2 of this requirement.

[7] Or an equivalent quantity of any combination of meat/meat alternate.

[8] Cooked lean meat without bone.

[9] May be used as the meat alternate or as part of vegetable/fruit component, but not as both components in the same meal.

[10] Tree nuts and seeds that may be used as meat alternates are listed in program guidance.

[11] No more than 50 percent of the requirement shall be met with nuts or seeds. Nuts and seeds shall be combined with another meat/meat alternate to fulfill the requirement. For purposes of determining combinations, one ounce of nuts or seeds is equal to one ounce of cooked lean meat, poultry, or fish.

[12] Juice may not be served when milk is served as the only other component.

[13] Applies to commercially prepared yogurt, lowfat yogurt, and nonfat yogurt. It does not apply to nonstandardized yogurt products, such as frozen yogurt, yogurt-flavored products, yogurt bars, yogurt-covered fruit or nuts. Commercial flavorings may be added, such as fruit, fruit juice, nuts, seeds, granola, etc., but they shall not be credited toward meeting the second food component requirement in the supplement.

[14] Includes such products as hard pretzels or chips made of whole-grain or enriched meal or flour.

BEST COPY AVAILABLE

CHILD NUTRITION LABELS AND PRODUCT ANALYSIS STATEMENTS

If you want to serve commercially prepared foods such as corn dogs, burritos, or frozen pizza, you must provide documentation to support the contribution a serving of the commercially prepared product makes toward the Child and Adult Care Food Program meal pattern requirements. There are two ways to document these products:

- Child Nutrition (CN) label
- Product analysis statement

CN Labeling

1. Items that can be CN-labeled:

    - Food products that contribute significantly to the meat/meat alternate component and are served in main dishes

2. Yield data from the *Food-Buying Guide for Child Nutrition Programs* (FBG, Program Aid 1331) is used for calculating a CN-labeled product's contribution toward meal pattern requirements. (Using yields from the FBG will help ensure that various meat/meat alternate items, regardless of cooking methods used or the addition of other ingredients, will be nutritionally equivalent.)

3. CN-labeled product will have the following information printed on the principal display panel of the label:

    - Product name
    - Ingredient listing in descending order of predominance by weight for all ingredients
    - Inspection legend for the appropriate inspection
    - Establishment number (for meat, poultry, and seafood items only)
    - Manufacturer's or distributor's name and address
    - CN label statement

4. CN label statement must be an integral part of the product label and must include the following information:

    - CN logo, which is a distinctive border around the CN statement
    - A six-digit product identification number that will appear in the upper right-hand corner of the CN label statement
    - The statement of the product's contribution toward meal pattern requirements for the Child Nutrition Programs (CNP)
    - A statement specifying that the use of the logo and CN label statement is authorized by the Food and Nutrition Service (FNS)
    - The month and year the label was approved in final by FNS

5. Advantage of using CN-labeled products:

    - The product carries a USDA warranty. If an institution purchases such a product and ***uses it according to directions,*** the institution will not have an audit claim filed against it should state or federal reviewers find that the CN-labeled product does not actually meet the meal pattern requirements claimed on the label.

6. What a CN label does ***NOT*** do:
    - Guarantee that the ***FULL*** requirement will be met (the product's contribution toward meal pattern requirements is specified in the CN label statement)
    - Assure that a product is "good for children"
    - Assure that children will like the product
    - Suggest that products without a CN label are inferior (or that CN-labeled products are superior)

SAMPLE CN LABEL STATEMENT

CN

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CN This 5.00-oz Pizza With Ground Beef and Vegetable Protein Product provides 2.00 oz equivalent meat/meat alternate, ½-cup serving of vegetable, and 1½ servings of bread alternate for the Child Nutrition Meal Pattern Requirement. (Use of this logo and statement authorized by the Food and Nutrition Service, USDA 05-84.) **CN**

CN

Product Analyses

1. A product analysis is a statement prepared and certified by a manufacturer of a prepared product declaring appropriate ingredient and crediting information. If a company provides a product analysis statement, an institution may wish to use the product to meet USDA meal pattern requirements. However, USDA does not monitor product analyses for compliance with the product formulation or the CACFP meal pattern requirements. The product analysis does not carry a USDA warranty, and should state and federal reviewers find that the product did not actually meet meal pattern requirements, an audit exception can be taken. Signed product analysis statements could provide the institution legal recourse with the company should the product contribution be challenged or found to be in error.

2. Child Nutrition Program institutions should not let their desire to offer children a commercially prepared product outweigh their need to obtain proper documentation for the product. If vendors understand that the Program will not purchase a product without proper documentation, they will be more accommodating in providing sufficient information.

3. Providers or sponsors should be careful not to mistake vendor advertising literature for a product analysis statement. Advertising literature provided by a company may contain valuable information, but it may not be used to support the contribution that a product makes toward the CACFP meal pattern requirements.

4. A product analysis statement must satisfy the following requirements:

- Be on the company's letterhead.
- Provide the product name, as written on the label, and provide other identifying information, such as product code number, portion size/weight, pack case weight.
- Contain a crediting statement (i.e., a declaration of the contribution of one portion of the cooked product toward meeting USDA meal pattern requirements). This may be combined with the certification statement.
- Contain a certification statement. (For example: the certification/crediting statement may read: "I certify that the above information is true and correct and that a 3.25-ounce serving of the above product [ready for serving] contains 2 ounces of cooked lean meat/meat alternate when prepared according to product directions.")
- Provide sufficient information for purchaser to determine the reasonableness of the crediting statement.
- Be signed and dated by a legally authorized representative of the company.

PRODUCT ANALYSIS STATEMENT

(SPACE FOR VENDOR LETTERHEAD)

This product analysis statement is to provide information to the below-listed institution relating to product(s) for purchase and to potentially serve as a part of United States Department of Agriculture (USDA) CHILD NUTRITION PROGRAMS, either as a part of a reimbursable meal or an extra or à la carte item. Contribution toward meeting all or part of the USDA meal pattern requirements are listed below.

Name of Institution: ______________________________ Contact Person: ______________________

Address: ____

Product Name: ____________________________ Product Code: ______________________

List total product ingredients, beginning with greatest to least: ______________________________

____

____

MEAT/MEAT ALTERNATE*	**LIST TYPE(S)**	**WEIGHT OF EACH**	**CIRCLE ONE**
	__________	__________	RAW OR COOKED WEIGHT
	__________	__________	RAW OR COOKED WEIGHT
	__________	__________	RAW OR COOKED WEIGHT

*If product contains VPP (vegetable protein product), check here ________ and complete the VPP information at the bottom.

FRUIT/VEGETABLE	**LIST TYPE(S)**	**WEIGHT OF EACH**	**CIRCLE ONE**
	__________	__________	RAW OR COOKED WEIGHT
	__________	__________	RAW OR COOKED WEIGHT

BREAD/BREAD ALTERNATE	**LIST TYPE(S)**	**WEIGHT OF EACH**	**CIRCLE ONE**
	__________	__________	RAW OR COOKED WEIGHT

If prepared in accordance with label directions, this cooked product will yield ____________ creditable servings. One serving size = ____________ (i.e., 1 slice, one 2" x 2" square, 6 pieces, one 3" x 2" rectangle, etc.)

PRODUCT INFORMATION PER SERVING:

Total Contribution of Meat/Meat Alternate = ____________ ounce(s)/serving

Total Contribution of Fruit/Vegetable = ____________ cup(s)/serving

Total Contribution of Bread/Bread Alternate = ____________ ounce(s)/serving

Calories Per Serving = ____________ ***Percent of Calories From Fat Per Serving =*** ______

I certify that the above information is true and correct in crediting toward meeting USDA minimum meal pattern requirements.

______________________________ ______________________ ____________

Signature of Legally Authorized Spokesperson for Company Title Date

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* The following information is needed if a creditable vegetable protein product is used in the product and counted toward meeting the two-ounce meat/meat alternate requirement.

CHECK (√) any statements that apply:

( ) This item contains VPP which is authorized as an alternate food in the Child Nutrition Programs.

( ) This product meets USDA-FNS (Food and Nutrition Service) specifications for cheese alternate product.

( ) One ounce dry weight of this product meets one-half of the meat/meat alternate requirements of lunch or supper of the USDA Child Nutrition Programs when served in combination with one or more ounces of cooked meat, poultry, fish, or cheese.

( ) If applicable, WEIGHT VPP dry ____________________ WEIGHT LIQUID TO HYDRATE ____________
SOURCE ____________________ TYPE (flour, concentrate, or isolate) ____________

I further certify that the VPP used in this product, when fully hydrated or formulated, will not exceed 30 parts to 70 parts raw meat, poultry, or seafood. The VPP used conforms to Food and Nutrition Service regulations. That is, (1) the VPP used contains at least 18 percent protein by weight when hydrated; (2) the biological quality of the protein in the VPP shall be at least 80 percent that of caseins; and (3) contains the amounts and kinds of nutrients as required by Food and Drug Administration (FDA) 43 FR 30472.

EXAMPLE

MOORE FOODS, INC.
14112 EAST PENN
OKLAHOMA CITY, OK 71492
405/212-1976 Fax: 405/212-1977

This product analysis statement is to provide information to the below-listed institution relating to product(s) for purchase and to potentially serve as a part of United States Department of Agriculture (USDA) CHILD NUTRITION PROGRAMS, either as a part of a reimbursable meal or an extra or à la carte item. Contribution toward meeting all or part of the USDA meal pattern requirements are listed below.

Name of Institution: MOORE FOODS Contact Person: JIM RAH

Address: 14112 E PENN, OKLAHOMA CITY, OK

Product Name: CHICKEN NUGGETS Product Code: 71492

List total product ingredients, beginning with greatest to least:
CHICKEN TENDERS, CORNMEAL, ONION, SALT, SEASONINGS

MEAT/MEAT ALTERNATE	LIST TYPE(S)	WEIGHT OF EACH	CIRCLE ONE
	CHICKEN TENDER	.33	RAW OR [✓ COOKED WEIGHT]
			RAW OR COOKED WEIGHT
			RAW OR COOKED WEIGHT

*If product contains VPP (vegetable protein product), check here ______ and complete the VPP information at the bottom.

FRUIT/VEGETABLE	LIST TYPE(S)	WEIGHT OF EACH	CIRCLE ONE
			RAW OR COOKED WEIGHT
			RAW OR COOKED WEIGHT

BREAD/BREAD ALTERNATE	LIST TYPE(S)	WEIGHT OF EACH	CIRCLE ONE
			RAW OR COOKED WEIGHT

If prepared in accordance with label directions, this cooked product will yield .33 creditable servings. One serving size = 5 NUGGETS (i.e., 1 slice, one 2" x 2" square, 6 pieces, one 3" x 2" rectangle, etc.)

PRODUCT INFORMATION PER SERVING:

Total Contribution of Meat/Meat Alternate = 1½ ounce(s)/serving
Total Contribution of Fruit/Vegetable = ______ cup(s)/serving
Total Contribution of Bread/Bread Alternate = ______ ounce(s)/serving
Calories Per Serving = 220 *Percent of Calories From Fat Per Serving =* 26

I certify that the above information is true and correct in crediting toward meeting USDA minimum meal pattern requirements.

Kelly Schwartz
Signature of Legally Authorized Spokesperson for Company

Food Specialist
Title

10/1/99
Date

MILK

Child and Adult Care Food Program regulations require that, to be eligible for cash reimbursement, each breakfast, lunch, or supper must include fluid milk. Fluid milk is one of the options for a supplement.

Milk means pasteurized fluid types of unflavored or flavored whole milk, lowfat milk, skim milk, or cultured buttermilk that meet state and local standards. All milk should contain vitamins A and D at levels specified by the Food and Drug Administration (FDA) and be consistent with state and local standards for such milk.

At breakfast, you must provide a serving of fluid milk as a beverage or use it on cereal or use it in part for each purpose. Both lunch and supper shall contain a serving of fluid milk as a beverage. Refer to the CACFP meal pattern for quantity requirements. If milk is one of the two components served for a supplement, it must be fluid milk as a beverage or used in cereal or used in part for each purpose. However, milk may not be credited for supplement when juice is served as the other component. The supplement must include at least one solid food item.

FOOD	YES	NO	COMMENTS
Milk, fluid (unflavored or flavored)	X		Milk served as part of any meal or supplement for the purpose of reimbursement must be fluid milk. Only served to children 8 months or older.
Acidified milk	X		Acidified milk is a fluid milk produced by souring fluid whole, lowfat, or skim milk with an acidifying agent. Examples of acidified milk are "acidified kefir milk" and "acidified acidophilus milk."
Buttermilk	X		
Certified raw milk		X	Regulations require the use of pasteurized milk.
Cultured milk	X		Cultured milk is a fluid milk produced by adding selected microorganisms to fluid whole, lowfat, or skim milk under controlled conditions to produce a product with specific flavor and/or consistency. Examples of cultured milk are "cultured buttermilk" and "cultured acidophilus milk."
Lactose-reduced milk	X		Lactose-reduced milk is a fluid milk modified by the addition of lactose enzymes. The lactose (milk sugar) in this milk has been broken down into simple sugars. Adults and children who cannot digest the lactose in milk may benefit from a lactose-reduced milk.
Lowfat milk	X		Not recommended for children under the age of 2.

FOOD	YES	NO	COMMENTS
Skim milk	X		Not recommended for children under the age of 2.
Soybean milk		X	May be used as a substitution for children 1 to 12 years old because of medical or other special dietary needs. Medical needs must be supported by a statement from a recognized medical authority that includes recommended alternate foods. Soy-based infant formula that is iron-fortified (8 grams or more per 100 calories) is creditable without a medical statement.
Ultrahigh temperature (UHT) milk	X		UHT milk is a fluid milk that is pasteurized by heating the milk to a minimum temperature of 280°F for 2-3 seconds. This temperature destroys all the pathogenic and spoilage microorganisms with the exception of a few spores that would remain dormant under normal conditions. As a result of this heat treatment, the product can be stored without refrigeration for 3-12 months.
Whole milk	X		
Cheese, all types		X	
Chocolate (hot)	X		Must be made with fluid milk; only the fluid milk portion is creditable.
Cocoa	X		Must be made with fluid milk; only the fluid milk portion is creditable.
Cream		X	Does not fit the definition of milk.
Cream sauces		X	Does not fit the definition of milk.
Cream soups		X	Does not fit the definition of milk.
Custard		X	Does not fit the definition of milk.
Eggnog, commercial or homemade		X	Does not fit the definition of milk.
Evaporated milk		X	Does not fit the definition of milk.
Half and half		X	Does not fit the definition of milk.
Ice cream		X	Does not fit the definition of milk.
Ice milk		X	Does not fit the definition of milk.
Imitation milk		X	Does not fit the definition of milk.
Milkshakes	X		May be used to meet the milk component of lunches, suppers, and the supplemental food served in the Child Nutrition Programs if those milkshakes contain the minimum required quantity of fluid milk per serving appropriate for the age group being served.

FOOD	YES	NO	COMMENTS
Pudding		X	Does not fit the definition of milk.
Pudding pops		X	Does not fit the definition of milk.
Reconstituted dry milk		X	Does not fit the definition of milk.
Sherbert		X	Does not fit the definition of milk.
Sour cream		X	Does not fit the definition of milk.
Yogurt		X	Does not fit the definition of milk.

MEAT AND MEAT ALTERNATES

Child and Adult Care Food Program regulations require that a lunch or supper served must contain the amount of meat or meat alternates specified in the meal pattern. You may use a serving of meat or meat alternate as one of the two components of a supplement. A one-ounce serving of meat or meat alternate is required at least once a week for breakfast.

Meat and meat alternates include lean meat, poultry, or fish; or cheese; or an egg; or cooked dry beans or peas; or nuts and seeds and their butters (except for acorn, chestnut, and coconut); or an equivalent quantity of any combination of these foods. These foods must be served in a main dish, or in a main dish and one other item, to meet this requirement.

Nuts and seeds may fulfill: (1) no more than one-half of the meat/meat alternate requirement for lunch/supper for all Child Nutrition Programs and (2) all of the meat/meat alternate requirements for the supplement for the Child and Adult Care Food Program.

FOOD	YES	NO	COMMENTS
Acorn		X	Low protein content.
Bacon and imitation bacon products		X	Considered as fat.
Baco-Bits		X	
Beans, dry	X		
Beef jerky	X		Beef jerky made with pure beef may be credited; 1 ounce of dried jerky equals 1 ounce lean cooked meat. We would advise centers and homes against using beef jerky due to its high salt (sodium) content.
Bologna	X		"All-meat" with no by-products or fillers.
Canadian bacon	X		One pound (16 ounces) will yield eleven 1-ounce servings of cooked meat.
Beef stew Chili mac Meat stew Pizza Pot pies Ravioli	—	—	Creditable only if (1) they are a Child Nutrition (CN)-labeled product or (2) you have a product analysis statement signed by an official of the manufacturer (not a salesperson) stating the amount of cooked lean meat/meat alternate per serving.
Canned luncheon meat, pressed	X		"All-meat" with no binders, fillers, by-products, or extenders.
Cheese food, cheese spread, and cottage cheese	X		Two-ounce serving equals 1-ounce meat alternate.
Cheese: natural, processed	X		

FOOD	YES	NO	COMMENTS
Chestnuts		X	Low protein content.
Chitterlings		X	Considered as fat.
Coconuts		X	Low protein content.
Corn dogs		X	The bread is credited like cornbread as a bread/bread alternate; the frankfurter is credited as a meat/meat alternate. Creditable only if homemade or if a product analysis statement or a CN label is on file for the product.
Cream cheese		X	Contains less protein and more fat than other creditable cheeses. A serving size that would provide an equivalent quantity of protein would be excessive, especially for preschool children.
Deviled eggs	X		
Eggs	X		Cooked only. Raw eggs are a health hazard.
Fish sticks	X		Only the edible fish portion is creditable.
Frankfurters	X		"All-meat" with no by-products or fillers.
Game	—	—	Venison, squirrel, rabbit, etc.—for safety reasons not creditable under the CACFP unless inspected and approved by either the State Department of Education or federal authority. Use of such items is not recommended due to the potential health hazard.
Kidney	X		
Liver	X		
Neufchatel cheese		X	Soft, unripened cheese similar to cream cheese but containing less fat and more moisture.
Nuts	X		Full meat/meat alternate credit for supplement, but not more than ½ credit for lunch or supper. Be careful not to serve nuts to children under 5 years of age to avoid choking.
Oxtails		X	Small amount of meat content.
Peanut butter	X		It is suggested that peanut butter be served in combination with another meat/meat alternate item, since the required portion sizes for peanut butter may not be acceptable to preschool children.

FOOD	YES	NO	COMMENTS
Peas, dry	X		
Pepperoni	X		Creditable only if a product analysis statement or CN label is on file for the product.
Pig's feet		X	Small amount of meat content.
Pig neck bones		X	Small amount of meat content.
Pig tails		X	Small amount of meat content.
Pizza, homemade	X		If the amounts of meat or meat alternate ingredients are identified and documented.
Polish sausage	X		A cooked, smoked sausage containing not more than 30 percent fat, similar in composition to frankfurters, knockwurst, and similar sausage products.
Powdered cheese in boxed macaroni		X	The powdered cheese mix is not credited toward any of the food components. The macaroni, if enriched, can be credited as a bread alternate.
Sausage, pork	X		
Scrapple		X	Insufficient meat content.
Seeds	X		Full meat/meat alternate credit for supplement, but not more than ½ credit for lunch or supper. Be careful not to serve seeds to children under 5 years of age to avoid choking.
Shellfish	X		Must be fully cooked; only the edible fish portion is creditable.
Soup, homemade, containing: meat, fish, poultry, or other meat alternate	X		
Soups, commercially prepared		X	Insufficient meat/meat alternate content per serving.
Tofu		X	Tofu is soybean curd. There is no Standard of Identity for tofu. The product can vary from one manufacturer to another.
Tripe		X	
Turkey bacon	X		Creditable only if a product analysis statement or a CN label is on file for the product.
Yogurt	X		Commercially prepared, plain or flavored, unsweetened or sweetened.

VEGETABLES AND FRUITS

A breakfast shall contain a serving of vegetable(s) or fruit(s) or full-strength vegetable or fruit juice or an equivalent quantity of any combination of these foods.

Both lunch and supper shall contain a serving of two or more vegetables or fruits or a combination of both. Full-strength vegetable or fruit juice may be counted to meet not more than one-half of this requirement.

In order to be creditable, a juice must contain 100 percent full-strength juice or include a Child Nutrition (CN) label or product analysis statement. Therefore, it is important to read the product label. If a less than full-strength juice is used, the volume of liquid that must be served to comply with meal pattern requirements is generally excessive for preschool children.

Cooked dry beans or peas may be counted as a vegetable or as a meat alternate but not as both in the same meal.

A serving of vegetable(s) or fruit(s) may be credited as one component of the required two components of a supplement. However, juice may not be credited as one of the components of a supplement when milk is served as the only other component.

Vegetables or fruits served as a combination item (e.g., fruit cocktail, succotash, peas and carrots, mixed vegetables, etc.) may be credited to meet only one of the two required components for lunch and supper.

All condiments and seasonings are not creditable food items; they serve as accessories to enhance the acceptability of the meal.

FOOD	YES	NO	COMMENTS
Apple cider	X		Must be pasteurized.
Apple fritters	X		Only fruit added to fritters contributes.
Aspic	—	—	See gelatin salads.
Banana in pudding	X		Counted to meet the vegetable/fruit requirement; the pudding is counted as extra.
Barbecue sauce		X	
Bean sprouts	X		
Beverages		X	
Cake containing fruit		X	
Carrot in bread		X	
Corn chips		X	Creditable as bread only—whole-grain or enriched.
Corn syrup		X	

FOOD	YES	NO	COMMENTS
Cranberry juice blend	X		Cranberry juice (not cranberry cocktail) in a blend with another 100 percent juice is creditable; for example, cranberry juice mixed with apple juice. One hundred percent cranberry juice is generally not commercially available and is not considered palatable.
Cranberry juice cocktail		X	
Drinks, fruit		X	
Dry spice mixes		X	
Figs in fig bar cookies		X	Amount too small to count toward fruit/vegetable component.
Frozen fruit juice bars	X		Juice portion is creditable only if homemade or a CN label or product analysis statement is available.
Frozen fruit-flavored bars		X	Does not contain enough, if any, fruit juice.
Fruit cobblers	X		Only fruit added to cobblers contributes.
Fruit crisps	X		Only fruit added to crisps contributes.
Fruit drinks		X	
Fruit-flavored powders		X	Does not fit the definition of fruit.
Fruit-flavored canned "punch"		X	
Fruit juice bases		X	Does not contain sufficient amount of fruit per serving.
Fruit pies	X		Use of such items should be minimized due to high sugar content.
Fruit pie filling	X		If the predominant ingredient is fruit, it will provide ½ credit; that is, ½ cup of fruit pie filling will provide ¼ cup of fruit credit, unless otherwise documented. Use of such items should be minimized due to high sugar content.
Fruit sauces	X		Only the fruit portion of the sauce.
Fruit snacks		X	For example, bars, roll-ups, wrinkles, cakes, candy do not contain sufficient amount of fruit per serving.
Gelatin desserts with fruit and/or juice	X		Only the fruit added to the gelatin contributes.
Gelatin desserts with fruit and/or vegetable	X		Only the fruit or vegetable added to the gelatin contributes.
Gravy bases		X	

FOOD	YES	NO	COMMENTS
Hominy		X	Considered as "other food." No nutritional value other than minimal amounts of fiber and starch.
Honey		X	
Ice cream, fruit flavors		X	
Jam		X	Insufficient fruit content per serving.
Jelly		X	Insufficient fruit content per serving.
Juice blends—all fruit	X		
Ketchup		X	
Lemonade		X	
Maple syrup		X	
Mayonnaise		X	
Muffins with fruit		X	
Mustard		X	
Nectar—canned from apricots, pears, peaches, etc.		X	
Oil, salad		X	
Olives	X		High salt content should be noted.
Onion rings	X		If homemade or if a product specification or CN label is available.
Pickles	X		High salt content should be noted.
Pineapple upside-down cake		X	
Pizza sauce	X		
Potato chips		X	
Popcorn		X	
Preserves		X	
Pudding with fruit	X		Only the fruit is creditable.
Pumpkin in bread		X	
Rice		X	Creditable as bread only, whole-grain or enriched.

FOOD	YES	NO	COMMENTS
Salad dressing		X	
Salsa	X		A minimum of ⅛ cup must be served to receive credit. Products that contain all vegetable ingredients with minor amounts of spices or flavorings may be credited fully. Products that contain nonvegetable items, such as gums, starches, or stabilizers—only the portion of the salsa that is a vegetable ingredient may be counted toward the volume requirement.
Sherbert/Sorbet		X	
Soup: canned or frozen ready-to-serve clam chowder, minestrone, split pea, tomato, tomato rice, vegetable, vegetable beef, vegetable chicken	X		One-cup serving will yield ¼ cup vegetable.
Soup mix, dehydrated	X		To credit vegetables in dehydrated soup mixes: determine the volume measurement by hydrating the soup according to manufacturer's directions. Heat, isolate the vegetable pieces, and measure the volume. Separate vegetable pieces from noodles, rice, etc. Keep records of the yield data obtained. Volume measurements must be recorded for each brand and type of soup.
Soups, homemade	X		Use quantities of vegetables in recipe to calculate credit.
Spaghetti sauce	X		Credited as tomato sauce.
Squash in bread		X	
Syrup, fruit-flavored		X	
Toaster tarts with fruit		X	Insufficient fruit content: creditable as bread only for supplement and breakfast only.
Tomato sauce	X		
Vegetable juice blends	X		Mixed, full-strength vegetable juices.
Vegetables, chopped	X		
Vinegar		X	
Yogurt with fruit		X	Commercially purchased may not be counted to meet the fruit component. May be credited if added by the center and the quantity is at least ⅛ cup (2 Tbsp).
Zucchini in bread		X	

BREAD AND BREAD ALTERNATES

The meal patterns for breakfast, lunch, and supper contain a bread or bread alternate requirement in the amount specified for each age group. A bread or bread alternate may also be served as one of the two components for supplements.

Criteria for Determining Acceptable Grains, Breads, and Bread Alternates

It is important to remember that the goal of the Child and Adult Care Food Program is to do more than just provide nutrients children and adults need. The CACFP also introduces young children to many different types of food and helps them to develop good eating habits. As a participant in the CACFP, you should use sound judgment whenever selecting foods to be served to young children and to adults.

- Creditable grains/breads items must be whole-grain or enriched or made from whole-grain or enriched meal or flour. Cereals must be whole-grain, enriched, or fortified. Enriched or whole grain is no longer required to be the predominant ingredient by weight.
- One serving of bread must contain no less than 14.75 grams of enriched or whole grain or 7.37 grams for one-half serving of bread.
- The acceptable bread and bread alternates are reported in Exhibit A of this instruction.
- Traditional breakfast items such as toaster pastries, doughnuts, coffee cakes, sweet rolls, grain fruit bars, and granola bars are marked with an asterisk. They may be served and credited for breakfast. Items marked with an asterisk may also be served and credited for snacks in the Child and Adult Care Food Program.
- All Child Nutrition Programs were mandated to implement the new weights/measures no later than July 1, 1996.

Foods That Qualify as Grains/Breads and Bread Alternates

Foods that qualify as grains/breads for the Child Nutrition Programs include, but are not limited to:

- Whole-grain or enriched flour bread
- Whole-grain or enriched meal or flour biscuits, rolls, muffins, crackers, etc.
- Cooked whole-grain or enriched cereal grains such as rice, bulgur, oatmeal, corn grits, or couscous
- Whole-grain, enriched, or fortified breakfast cereal
- Whole-grain, enriched, or fortified cereals or bread products that are used as an ingredient in another menu item (such as crispy rice treats or breading on meats)
- Cooked enriched or whole-grain macaroni or noodle products. Enriched macaroni-type products with fortified protein (as specified in Appendix A to Program regulations) may be counted as meeting either the bread/bread alternate requirement or the meat/meat alternate requirement of lunches, but not both in the same meal.
- Pie crust from dessert (supplement only), meat or meat alternate pies
- Snack products such as hard pretzels, hard breadsticks, and chips made from whole-grain and/or enriched meal or flour

Criteria for Determining Acceptable Bread/Bread Alternates

The following criteria are to be used as a basis for crediting items to meet the bread/bread alternate requirement:

1. The items must be whole-grain or enriched or made from whole-grain or enriched meal or flour; or if it is a cereal, the product must be whole-grain, enriched, or fortified.
2. If it is enriched, the item must meet the Food and Drug Administration's Standards of Identity for enriched bread, macaroni and noodle products, rice, cornmeal, or corn grits.
3. The item must contain enriched flour and/or whole grain as specified on the label or according to the recipe or must be enriched in preparation or processing and labeled *enriched*.
4. Ingredients in items that are partial grains such as wheat germ, oat and wheat bran, or other brans may be used for determining the credit of the item.
5. The item must be provided in quantities specified in the regulations. Exhibit A contains suggested equivalent minimum serving sizes for a wide variety of items. In lieu of using these minimum serving sizes, crediting may be determined for a particular item using the following criteria.

Criteria for Determining Equivalent Minimum Weight of a Serving

The following criteria must be used in determining the minimum weight of bread/bread alternate items. In calculating the reference servings in Exhibit A, the amounts of key ingredients for each item were averaged from the available data for items of that type. It was determined that the key ingredients in the items were basically furnished by the enriched flour and/or whole-grain ingredient. Food items have been divided into groups according to the product weight that will yield the enriched flour and/or whole-grain equivalent of the reference slice of bread. Within each group, all items have approximately the same nutrient and grain content per serving. The minimum weight of each group is based on the enriched flour and/or whole-grain content of the product (exclusive of fillings, toppings, etc.). Therefore, equivalent minimum serving sizes may vary from those in Exhibit A as long as the criteria for determining minimum weight have been met.

1. A serving of bread/bread alternate must contain no less than 14.75 grams enriched flour and/or whole grain. This amount was determined using the grain content of a 25-gram (or 0.9 ounce) slice of white bread as a reference. Crediting of foods will be determined by the total amount of enriched flour and/or whole grain in the recipe or formula divided by the portion yield.
2. One-fourth of a serving is the smallest amount allowable to be credited toward the bread/bread alternate equivalent.

Definition of Terms

Flour is the product derived by finely grinding and bolting (sifting) wheat or other grains. Flour includes all grains (wheat, rye, corn, etc.).

Meal is the product derived by coarsely grinding corn, oats, wheat, etc.

Whole grain is the edible part of wheat, corn, rice, oats, rye, barley, etc. Parts of the grains such as the germ or the bran are not considered whole grain but may be included when determining the credit of the item.

Cereal grain is the edible part of a whole grain that has been processed for consumption.

Breakfast cereal is any cereal grain served in a cold, dry form. Breakfast cereals are traditionally served as a breakfast menu item but may be served in meals other than breakfast.

Enriched means that the product conforms to the Food and Drug Administration's Standards of Identity for levels of iron, thiamin, riboflavin, and niacin. The terms ***enriched, fortified,*** or similar terms indicate the addition of one or more vitamins or minerals or protein to a food, unless an applicable federal regulation requires the use of specific words or statements. ***Whole-grain*** flour or meal is the product derived by grinding the entire grain minus husk/hull. If a flour or meal does not contain all edible parts of the grain, it is not whole-grain.

WEIGHTS OF COMMONLY USED GRAINS

FOOD ITEMS (WEIGHT OF ONE CUP)	*GRAMS*
Bran	
Oat, dry	92
Wheat, crude	60
Cornmeal	130
Flour, rye	
Dark	128
Light	101
Flour, wheat	
All-purpose, unsifted	135
All-purpose, sifted	116
Bread, unsifted	130
Bread, sifted	117
Self-rising, unsifted	131
Self-rising, sifted	106
Whole-wheat	120
Oats, quick (not instant)	
Uncooked	73
Cooked	246
Wheat Germ	113

FNS INSTRUCTION 783-1
REV. 2
EXHIBIT A

BREAD/BREAD ALTERNATE REQUIREMENTS FOR THE CHILD NUTRITION PROGRAMS[1]

GROUP A	MINIMUM SERVING SIZE FOR GROUP A
• Bread-type coating • Breadsticks (hard) • Chow mein noodles • Crackers (saltines and snack crackers) • Croutons • Pretzels (hard) • Stuffing (dry) ***NOTE:* *Weights apply to bread in stuffing.***	1 serving = 20 gm or 0.7 oz ¾ serving = 15 gm or 0.5 oz ½ serving = 10 gm or 0.4 oz ¼ serving = 5 gm or 0.2 oz
GROUP B	**MINIMUM SERVING SIZE FOR GROUP B**
• Bagels • Batter-type coating • Biscuits • Breads (white, wheat, whole-wheat, French, Italian) • Buns (hamburger and hot dog) • Crackers (graham crackers—all shapes, animal crackers) • Egg roll skins • English muffins • Pita bread (white, wheat, whole-wheat) • Pizza crust • Pretzels (soft) • Rolls (white, wheat, whole-wheat, potato) • Tortillas (wheat or corn) • Tortilla chips (wheat or corn) • Taco shells	1 serving = 25 gm or 0.9 oz ¾ serving = 19 gm or 0.7 oz ½ serving = 13 gm or 0.5 oz ¼ serving = 6 gm or 0.2 oz
GROUP C	**MINIMUM SERVING SIZE FOR GROUP C**
• Cookies[2] (plain) • Cornbread • Corn muffins • Croissants • Pancakes • Pie crust (dessert pies[2], fruit turnovers[3], and meat/meat alternate pies) • Waffles	1 serving = 31 gm or 1.1 oz ¾ serving = 23 gm or 0.8 oz ½ serving = 16 gm or 0.6 oz ¼ serving = 8 gm or 0.3 oz
GROUP D	**MINIMUM SERVING SIZE FOR GROUP D.**
• Doughnuts[3] (cake and yeast-raised, unfrosted) • Granola bars[3] (plain) • Muffins (all except corn) • Sweet roll[3] (unfrosted) • Toaster pastry (unfrosted)	1 serving = 50 gm or 1.8 oz ¾ serving = 38 gm or 1.3 oz ½ serving = 25 gm or 0.9 oz ¼ serving = 13 gm or 0.5 oz

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[1] Some of the following foods, or their accompaniments, may contain more sugar, salt, and/or fat than others. This should be a consideration when deciding how often to serve them.

[2] Supplement only.

[3] Supplement and breakfast only.

GROUP E	MINIMUM SERVING SIZE FOR GROUP E
• Cookies[2] (with nuts, raisins, chocolate pieces, and/or fruit purees) • Doughnuts[3] (cake and yeast-raised, frosted or glazed) • French toast • Grain fruit bars[3] • Granola bars[3] (with nuts, raisins, chocolate pieces, and/or fruit) • Sweet rolls[3] (frosted) • Toaster pastry[3] (frosted)	1 serving = 63 gm or 2.2 oz ¾ serving = 47 gm or 1.7 oz ½ serving = 31 gm or 1.1 oz ¼ serving = 16 gm or 0.6 oz

GROUP F	MINIMUM SERVING SIZE FOR GROUP F
• Cake[2] (plain, unfrosted) • Coffee cake[3]	1 serving = 75 gm or 2.7 oz ¾ serving = 56 gm or 2.0 oz ½ serving = 38 gm or 1.3 oz ¼ serving = 19 gm or 0.7 oz

GROUP G	MINIMUM SERVING SIZE FOR GROUP G
• Brownies[2] (plain) • Cake[2] (all varieties, frosted)	1 serving = 115 gm or 4.0 oz ¾ serving = 86 gm or 0.3 oz ½ serving = 58 gm or 2.0 oz ¼ serving = 29 gm or 1.0 oz

GROUP H	MINIMUM SERVING SIZE FOR GROUP H
• Barley • Breakfast cereals[4] (cooked) • Bulgur or cracked wheat • Macaroni (all shapes) • Noodles (all varieties) • Pasta (all shapes) • Ravioli (noodle only) • Rice (enriched white or brown)	1 serving = ½ cup cooked (or 25 gm dry)

GROUP I	MINIMUM SERVING SIZE FOR GROUP I
• Ready-to-eat breakfast cereal[4] (cold, dry)	1 serving = ¾ cup or 1.0 oz, whichever is less

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[2] Supplement only.

[3] Supplement and breakfast only.

[4] Refer to Program regulations for the appropriate serving size for meals served to children aged one through five and adult participants in the CACFP. Breakfast cereals are traditionally served as a breakfast menu item but may be served in meals other than breakfast.

FOOD	YES	NO	COMMENTS
Bagels	X		
Banana bread	X		May be credited as acceptable bread alternate if (1) one serving contains 14.75 grams enriched or whole grain or ½ serving contains 7.37 grams enriched or whole grain and (2) it serves the customary function of bread in a meal. ***This may be credited for breakfast or supplement only.***
Biscuits	X		
Boston brown bread	X		
Brownies	X		Supplement only.
Cakes	X		Supplement only.
Caramel corn		X	Does not fit the definition of bread.
Carrot bread	X		May be credited as acceptable bread alternate if (1) one serving contains 14.75 grams enriched or whole grain or ½ serving contains 7.37 grams enriched or whole grain and (2) it serves the customary function of bread in a meal. ***This may be credited for breakfast or supplement only.***
Coffee cake	X		May be credited as acceptable bread alternate if (1) one serving contains 14.75 grams enriched or whole grain or ½ serving contains 7.37 grams enriched or whole grain and (2) it serves the customary function of bread in a meal. A serving for children aged 6 and older must have a minimum of 75 grams (2.75 ounces), and a serving for children under 6 years of age must have a minimum weight of 38 grams (1.3 ounces). ***This may be credited for breakfast or supplement only.***
Cookies	X		It is recommended that you serve cookies as part of a supplement no more than twice a week because of the high sugar content. The cookie must be made of whole-grain or enriched meal or flour as specified on the label or according to the specific recipe. The minimum weight of a plain cookie for children under 6 years of age is 16 grams (0.6 ounce).
Cornbread	X		
Corn chips	X		
Cream puff shells	X		Supplement only.
Crepes	X		

FOOD	YES	NO	COMMENTS
Croutons	X		
Cupcakes	X		Supplement only.
Doughnuts	X		Breakfast and supplement only.
English muffins	X		
French bread	X		
Fried bread	X		Enriched or whole-grain flour or meal must be the primary ingredient by weight in the recipe.
Gingerbread	X		May be credited as acceptable bread alternate if (1) one serving contains 14.75 grams enriched or whole grain or ½ serving contains 7.37 grams enriched or whole grain and (2) it serves the customary function of bread in a meal. ***This may be credited for breakfast or supplement only.***
Granola bars	X		Breakfast and supplement only; note that most commercial varieties contain insufficient weight to meet requirements.
Grits	X		Must be whole grain or enriched.
Ice cream cones		X	One cone weighs about three grams, which is sufficient as a cookie serving size.
Ice cream sandwich wafers	X		The wafers may be credited as a serving of cookies if requirements for weight and enrichment are met.
Italian bread	X		
Muffins	X		For example: corn, bran, blueberry.
Nachos, shells and chips	X		Must be grain-based.
Noodles in soup	X		Must be enriched and served in sufficient quantity.
Pasta	X		Must be enriched and served in sufficient quantity.
Pie crust for dessert items	X		Cobblers, crisps, and fruit pies can be credited for ***SNACKS ONLY*** when they serve the customary function of bread.
Pie crust (fruit turnovers)	X		Credited at ***BREAKFAST*** and ***SUPPLEMENT ONLY*** if they serve the customary function of bread.
Pineapple upside-down cake	X		

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FOOD	YES	NO	COMMENTS
Pita bread	X		
Popovers	X		As long as it is made with enriched or whole-grain meal or flour and serves the customary function of bread in a meal. ***Creditable as bread component only.***
Pound cake	X		
Pretzel, Dutch-style (soft)	X		
Pretzel, thin	X		
Pumpernickel bread	X		
Pumpkin bread	X		May be credited as acceptable bread alternate if (1) one serving contains 14.75 grams enriched or whole grain or ½ serving contains 7.37 grams enriched or whole grain and (2) it serves the customary function of bread in a meal. ***This may be credited for breakfast or supplement only.***
Raisin bread	X		
Rice	X		Must be enriched or whole-grain.
Rice cakes	X		One cake weighs approximately nine grams.
Rice pudding	X		The rice used in rice pudding is creditable for supplement only.
Rolls, all types	X		
Rye wafers	X		
Snack-type crackers	X		
Soft pretzels	X		
Squash bread	X		May be credited as acceptable bread alternate if (1) one serving contains 14.75 grams enriched or whole grain or ½ serving contains 7.37 grams enriched or whole grain and (2) it serves the customary function of bread in a meal. ***This may be credited for breakfast or supplement only.***
Stuffing, bread	X		
Sweet rolls and buns	X		Creditable for breakfast and supplement only.

FOOD	YES	NO	COMMENTS
Tapioca		X	
Toaster tarts	X		Creditable for bread component at breakfast and supplement only.
Tortilla chips	X		Must be grain-based.
Vanilla wafers	X		These are cookies creditable for supplement only.
Vienna bread	X		
Wheat wafers	X		
Wheat germ	X		
White bread	X		
Whole- or cracked-wheat bread	X		
Zucchini bread	X		May be credited as acceptable bread alternate if (1) one serving contains 14.75 grams enriched or whole grain or ½ serving contains 7.37 grams enriched or whole grain and (2) it serves the customary function of bread in a meal. ***This may be credited for breakfast or supplement only.***
All other whole-grain or enriched breads	X		

BEST NATURAL SOURCES FOR VITAMIN A, VITAMIN C, AND IRON

Vitamin A

Vegetables

Asparagus
Broccoli
Carrots
Chili peppers (red)
Kale
Mixed vegetables
Peas and carrots
Pumpkin
Spinach
Squash (winter)
Sweet potatoes
Tomatoes
Tomato juice, paste, or puree
Turnip greens
Vegetable juices

Fruits

Apricots
Cantaloupe
Cherries, red sour
Nectarines
Peaches (not canned)
Plums, purple (canned)
Prunes

Vitamin C

Vegetables

Asparagus
Broccoli
Brussels sprouts
Cabbage
Cauliflower
Chili peppers
Collards
Kale
Okra
Peppers, sweet
Potatoes, white
Spinach
Sweet potatoes
Tomatoes
Tomato juice, paste, or puree
Turnip greens
Turnips

Fruits

Cantaloupe
Grapefruit
Grapefruit juice
Oranges
Orange juice
Raspberries
Strawberries
Tangerines

Iron

Vegetables

Asparagus (canned)
Beans—green, wax, lima (canned)
Bean sprouts
Beets (canned)
Broccoli
Brussels sprouts
Dark green leafy—beet greens, chard, collards, kale, mustard greens, parsley, spinach, turnip greens
Parsnips
Peas, green
Potatoes (canned)
Sauerkraut (canned)
Squash (winter)
Sweet potatoes
Tomato juice, paste, puree, sauce

Fruits

Apricots (canned)
Cherries (canned)
Dried fruits—apples, apricots, dates, figs, peaches, prunes, raisins
Grapes (canned)

Meat and Meat Alternates

Dried beans and peas
Eggs
Meat in general, especially liver and other organ meats
Peanut butter
Shellfish
Turkey

Bread and Bread Alternates

All enriched or whole-grain bread and bread alternates

PLANNING MENUS

Creative menu planning calls for originality, imagination, and a spirit of adventure. Plan menus that are appealing, economical, and suited to the children that you serve. Investigate the ethnic and cultural background of your enrolled children, and try to include foods that they are familiar with as well as new food experiences.

APPETITE APPEAL

Variety is the key to appetizing meals for children and adults alike. The food you serve should have variety: in form (cooked and raw), size and shape (round, sticks, cubed, etc.), color, texture (crisp and soft), and flavor (strong and sour). Also, plan for a variety of components for your supplement meals.

Serve foods in forms young children can manage easily, such as bite-sized pieces. Serve finger foods—vegetable sticks or wedges of fresh fruit—often. Foods they can pick up with their fingers are easy to handle.

Try to include foods with contrasting colors. The natural red, green, and orange colors of fruits and vegetables add eye appeal. Colorful foods should be used in combination with those of little color. Mashed potatoes, green beans, carrot sticks, and tomato wedges make an appealing color combination.

- In a hot meal, try to include at least one cold food. In a cold meal, try to include at least one hot food.
- Use crisp, firm foods in combination with soft, creamy ones.
- Use a combination of mild flavors with strong ones.
- Include food combinations that are most acceptable to children.
- Plan special menus for national holidays, children's birthdays, and other special days at the center.
- Plan to use foods in season. Most fresh fruits and vegetables are plentiful during summer months. This is a good time to serve these foods.
- Consider regional, cultural, and personal food preferences of children when planning menus.
- Try to have the menus reflect the needs of the children, not just the personal preferences of the menu planner.

Avoid:

- Serving the same food on consecutive days; for example, ground beef in meat loaf on Monday and in "sloppy joes" on Tuesday.
- Serving the same food on the same day of the week. Every Monday should not be "soup and sandwich day," and every Friday should not be "fish day."
- Preparing two foods in the same way in the same meal; for example, chicken à la king and creamed corn.
- Preparing foods in the same way each time they are served.

Suggested Finger Foods

Apple wedges
Cabbage wedges
Celery sticks*
Dried pears
Fresh pineapple sticks
Meat cubes
Pitted plums
Tangerine sections
Banana slices
Carrot sticks
Cheese cubes
Fresh peach wedges
Grapefruit sections (seeded)
Melon cubes
Pitted prunes
Tomato wedges
Berries
Cauliflowerets
Dried peaches
Fresh pear wedges
Green pepper sticks
Orange sections
Raisins
Turnip sticks

*May be stuffed with cheese or peanut butter.

Full-strength fruit and vegetable juices:

Apple
Grapefruit-orange
Prune
Vegetable
Grape
Orange
Tangerine
Grapefruit
Pineapple
Tomato

Plus any other 100 percent full-strength juice available. Please maintain documentation (a label) to verify acceptability of juice. Read the label for proper mixture for 100 percent juice versus a beverage or drink.

FOOD COST

Most providers have a limited amount of money they can spend for food in a given period—a month, for example. The provider has the responsibility of staying within this limit while planning appetizing and nutritious meals. When working with a limited budget, make maximum use of USDA-donated foods in combination with purchased foods to ensure that minimum meal pattern requirements are met. Buying food items that do not count toward meal pattern requirements only adds to monthly food costs and is discouraged.

FACILITIES

Plan meals that you can prepare and serve with the facilities and equipment that are available.

MENU PLANNING—THE TOTAL JOB

Good menu planning goes beyond the listing of specific foods that you include in daily meals. A menu-planning work sheet can help simplify the total job.

- Plan your menus.
- Select the specific recipes used to prepare the different menu items.
- Determine the serving size.
- Evaluate the menus from the standpoint of meeting meal requirements as well as requirements for quality and quantity.
- Estimate the number of meals to prepare.
- Adjust the recipes you select to provide the necessary number of servings.
- Calculate the amounts of food you need for the total number of meals you will serve.
- Prepare purchase orders and grocery lists relative to food inventories.
- Schedule production time and develop work schedule.
- Once a meal is prepared and served, the information concerning that meal must be recorded on the institution's Weekly Meals Served form.

Remember: A key to good management is to carefully and systematically plan menus well in advance.

TIPS ON FOOD PURCHASING

Getting the most of the food dollar takes careful planning and buying experience. Careful use of food-buying power will not only help control food cost but also reduce waste and help upgrade the quality of meals.

Success in food buying means getting foods of good quality in the proper quantities at the best possible prices.

Quantities to buy depend on the number of children in attendance, the menus and recipes you use, the amount and kind of storage space you have available, the inventory on hand, the perishability of the food, and the length of time the order will cover.

WHERE TO BUY

- Check the grocery stores in the area.
- Which offers foods that you use frequently? Which offers the service you need—credit, discounts? Which offers quality food at a reasonable price?
- Buy from grocery stores that provide the best quality food at the most reasonable prices.

WHAT TO BUY

How you plan to use the food determines the form and quality you should buy. Consider product style, type, size, count, container, and packaging medium. Read labels. Know what the product is, and inspect it before you buy it. Whenever possible, buy foods that are federally graded.

- Buy federally inspected meats and poultry. Government inspection ensures that meat and poultry were produced from animals and fowl that were free from disease at the time of slaughter and were prepared under strict sanitary conditions.
- Purchase only pasteurized, Grade A milk and milk products.
- Purchase federally inspected seafood whenever possible. This assures top-quality products.
- Purchase bread and pastry that are properly wrapped or kept in paper-lined containers with covers to keep bread and pastry fresh and wholesome.
- Purchase frozen foods that have been kept hard frozen. Do not accept delivery of frozen foods that are, or have been, thawed or partially thawed.
- Purchase perishable foods that have been kept under refrigeration. Develop standards for all food purchases. Standards describe the food to be purchased. State or write clear standards for each food item you order. Let the vendor know the standards. Once you receive the order, check to see that the food meets the standards.

HOW MUCH TO BUY

- Calculate the quantities of food you need to serve the children.
- Consider the number of servings per pound or per can for each item you will purchase. Select those food items that best suit your needs.
- Remember storage facilities. Buy only quantities that you can store properly. Consider food's "keeping" qualities in relation to storage facilities you have available. Buy those that best fit the situation.

Remember: The foods you serve can only be as good as the quality of the foods you purchase.

FOOD PREPARATION

Serving acceptable and nutritious foods depends not only on good planning, selection, and storage of food, but also on how you prepare and cook it.

The key to good food preparation is to carefully follow standardized recipes. A standardized recipe specifically describes the amount of ingredients and the method of preparation you need to consistently produce a high-quality product. You will need to make sure that your recipes meet Program meal requirements.

HOW TO USE THE QUANTITY CHARTS

Vegetables and Fruits (Charts 1, 2, and 3): The CACFP quantity requirements for each age group per type of meal are specified on the minimum meal requirements chart. Note that quantities are in multiples of ¼-cup increments. For example, 1-2-year-olds require ¼ cup total fruit and/or vegetable from two sources at lunch, 3-5-year-olds require ½ cup total fruit and/or vegetable from two sources at lunch, and 6-12-year-olds require ¾ cup total fruit and/or vegetable from two sources at lunch. Serving size of each source may be any quantity desired as long as it is not less than ⅛ cup (2 tablespoons) and the total quantity required is met. Remember that breakfast and supplement meals only require that the total quantity be from one source.

For this reason, the vegetable and fruit quantity charts give the number of ¼-cup servings per purchase unit. Calculate the total number of ¼-cup servings needed. Find the fruit/vegetable item served, and move right until the number of ¼-cup servings needed is found; go up to the top row to determine the number of purchase units needed.

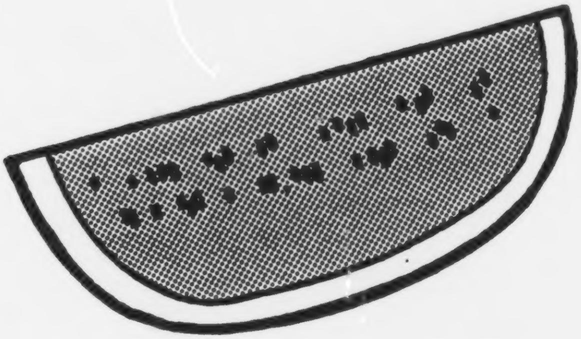
Meat/Meat Alternates (Chart 4): As with fruits/vegetables, the quantity requirements of meat/meat alternate for each age group per type of meal is specified in the minimum meal requirements chart. The meat/meat alternate quantity chart (Chart 4) gives the number of 1½-ounce servings, the serving size required for 3-5-year-old lunch/supper meals, per purchase units. To use the chart, you will first need to determine the total number of ounces needed for all age groups and divide by 1.5. This will tell you the number of 1½-ounce servings needed so that the purchase quantity can be determined.

Bread/Bread Alternates (Chart 5): The requirement for 1-5-year-olds for each meal and supplement is ½ serving, or ½ bread equivalent, of enriched or whole-grain bread or bread product. The requirement for 6-12-year-olds is one serving or one bread equivalent. Quantity Chart 5—Bread, Crackers, Cereal, and Pasta Products—gives the number of ½ bread equivalents per purchase unit. Calculate the total number of ½ bread equivalents needed. Use this number on Chart 5 to determine the quantity of bread/bread alternate required.

QUANTITY CHART 1
FRESH FRUITS AND VEGETABLES

FRESH FRUITS

¼-Cup Portion Yield for:		1 lb	2 lb
Apples	raw	12	24
	cooked	6	13
Apricots	raw halves	10	21
Avocados	diced or sliced	7	15
	mashed	5	10
Bananas	sliced	8	16
Blackberries	fresh	11	23
Blueberries	fresh	11	23
Cantaloupe	cubed or diced	5	11
Cranberries	cooked	11	22
	chopped	15	31
Grapes	all	10	20
Grapefruit	sections	4	8
Honeydew melon	cubed	4	9
Nectarines	halves	8	17
Oranges	sections	7	14
Peaches	diced	5	10
	sliced	7	15
Pears	sliced	7	15
Pineapple	cubed	6	12
Plums	sliced	10	21
Raspberries		12	24
Strawberries	whole	10	21
Tangerines	sections	8	16
Watermelon	cubed	6	12



FRESH VEGETABLES

¼-Cup Portion Yield for:		1 lb	2 lb
Broccoli	raw spears	9	19
	cooked spears	9	18
	cooked cuts	10	20
Cabbage	cooked wedge	8	16
	cooked shredded	13	27
	raw shredded	26	52
	chopped	17	35
Carrots	cooked slices	8	16
	raw strips	10	20
	raw shredded	14	28
	raw slices	9	18
Cauliflower	raw florets	12	24
	cooked florets	8	17
Celery	raw sticks or strips	12	24
	cooked slices	8	16
Corn	with husks	3	7
	without husks	5	11
Cucumber	pared, diced, or sliced	10	21
Lettuce	pieces	20	41
Okra	cooked slices	9	18
Onions	green with tops	15	30
Onions, mature			
	cooked pieces	7	15
	raw sliced	14	28
	raw chopped	9	18
Peppers	cooked strips	9	19
	raw chopped or diced	9	19
	raw strips	14	29
Potatoes	cooked mashed	8	16
	cooked sliced	9	19
	baked	6	12
	cooked diced	8	17
	hash browns	5	10
Radishes	raw sliced	15	15
Spinach	raw chopped	30	61
	cooked	8	16
Squash, yellow	cooked cubes	7	14
	cooked slices	8	17
Zucchini	raw sticks	14	28
	cooked cubes	7	15
	cooked slices	10	20
Sweet potatoes	mashed	5	11
	sliced	9	18
Tomatoes	sliced	9	19
Turnips	cooked mashed	5	11
	cooked cubed	8	17
	raw cubed or diced	11	22

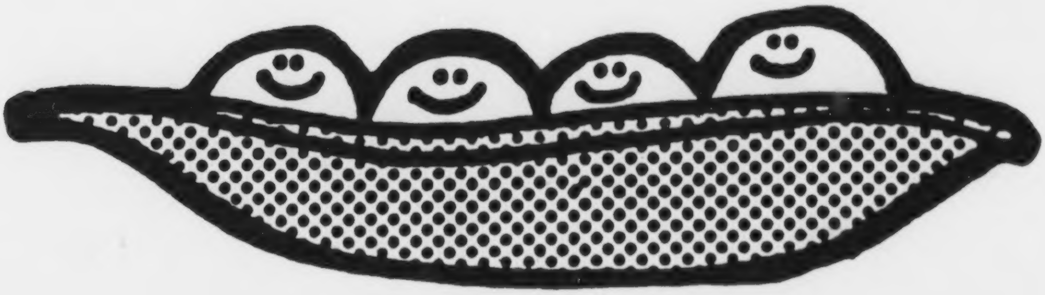
QUANTITY CHART 2
CANNED FRUITS AND VEGETABLES—#303 CAN

FRUITS

¼-Cup Portion Yield for:	1 can	2 cans
Applesauce, apricot halves, blackberries, boysenberries, fruit cocktail, grapefruit sections, mixed fruit for salad, grapes, peach halves and slices, pears (diced), pineapple (slices, chunks, and crushed), prunes	7	14
Cranberry sauce or relish	6	12
Apple slices, cherries (red, tart, pitted), pear halves, plums (whole purple)	8	16

VEGETABLES

¼-Cup Portion Yield for:		1 can	2 cans
Asparagus	spears	6	12
	cuts, tips	6	12
Beans	green lima	6	12
	green snap, cut	7	14
	green snap, whole	8	16
Beets	diced	7	14
	sliced	6	12
	whole	7	14
Carrots	diced	7	14
	sliced	7	14
Corn	whole kernel (vacuum pack)	8	16
	whole kernel (liquid pack)	6	13
	cream-style	6	13
Greens	mustard	7	14
	turnip	4	8
Okra		6	12
Peas	black-eyed	6	13
Peas	green	6	13
Peas and carrots		6	12
Potatoes	small, whole	6	13
Pumpkin		7	15
Sauerkraut		9	18
Spinach		3	7
Sweet potatoes	cut (syrup pack)	6	13
Tomatoes		7	14
Tomato paste		27	55
Tomato puree		14	28
Tomato sauce		7	14
Vegetables	mixed	6	12
Vegetarian beans		7	14



QUANTITY CHART 3
FROZEN AND DRIED FRUITS AND VEGETABLES

FROZEN FRUITS AND VEGETABLES

¼-Cup Portion Yield for:		1 lb	2 lb
FRUITS:			
Apricot halves		4	9
Blackberries, boysenberries		9	18
Blueberries	unsweetened	11	23
	sugar added	7	15
Cherries (red tart, pitted), peaches (sliced), raspberries, strawberries (sliced)		7	14
Juice, concentrated Any fruit juice (such as apple, grape, grapefruit, grapefruit-orange, and orange) reconstituted 1 part juice to 3 parts water			
6 fluid oz can			12
12 fluid oz can			24
VEGETABLES:			
Asparagus	cut, tips	8	16
	spears	10	21
Beans	green	11	23
	lima	10	21
Broccoli		9	19
Brussels sprouts		10	20
Carrots		10	21
Cauliflower		9	18
Corn	whole kernel	11	22
Mustard greens		11	23
Okra	cut	9	18
Peas	green	10	20
Peas and carrots		10	21
Potatoes			
French fries			
	regular, crinkle cut	10	20
French fries	shoestring	17	35
	straight cut	17	30
Hash browns	diced	7	15
	shredded	10	21
	preportioned (3 oz raw)	5	10
Potato rounds	tater tots or tater gems	10	21
Spinach	chopped	5	11
	whole leaf	6	13
Squash	yellow, sliced	7	15
	zucchini, sliced	7	14
Vegetables	mixed	8	16

DRIED FRUITS AND VEGETABLES

¼-Cup Portion Yield for:		½ lb	1 lb	2 lb
DRIED FRUITS:				
Apples	regular moisture	10	21	42
	regular moisture, cooked	14	28	57
Apricots	regular moisture	5	11	22
	regular moisture, cooked	11	23	46
Dates	regular moisture, pitted	5	10	21
	moisturized, with pits	5	10	20
Fig nuggets		3	6	12
Peaches	regular moisture	5	10	21
	regular moisture, cooked	11	22	45
Prunes	regular moisture with pits	4	9	19
	regular moisture, with pits, cooked	6	12	25
	regular moisture, without pits	5	10	21
	regular moisture without pits, cooked	7	14	29
Raisins	regular moisture	6	12	25
	regular moisture, cooked	10	21	42
DRIED VEGETABLES:				
Beans	pinto	12	24	49
	navy	11	23	47
Peas	black-eyed	14	28	56

DEHYDRATED VEGETABLES:

¼-Cup Portion Yield for:		¼ lb	½ lb
Potatoes	diced	11	22
	flakes	12	24
	granules	12	24
	sliced	10	21
Sweet potatoes	flakes	4	9

QUANTITY CHART 4
MEAT/MEAT ALTERNATES—AS PURCHASED (A.P.)

All servings specified are the edible portion (after cooking) per purchase unit.

MEAT, POULTRY, AND FISH

1½-Ounce Portion Yield for:	1 lb	2 lb
Beef, fresh or frozen		
ground	7	14
liver	7	14
steak, flank	7	14
round w/o bone	6	12
stew meat	5	11
roast w/o bone	6	12
roast w/bone	4	9
Pork, cured		
ham w/o bone	6	12
ham w/bone	5	11
shoulder, picnic w/o bone	5	11
shoulder, picnic w/bone	4	8
Pork, fresh or frozen		
chops, loin w/bone	4	8
shoulder, Boston butt w/o bone	5	11
shoulder, picnic w/o bone	4	9
shoulder, picnic w/bone	4	8
liver	6	13
sausage	5	10
spareribs	4	8
Frankfurters, all meat; luncheon meat, all meat (includes bologna, liverwurst, canned luncheon meat, Vienna sausage). Based on products that do not contain meat or poultry by-products, cereals, or extenders.	10	20
Poultry, fresh or frozen		
turkey (ready-to-cook), whole w/o neck & giblets	5	10
turkey, ground	7	14
chicken, fryer (ready-to-cook), whole w/neck & giblets	3	7
chicken, canned w/o bone	7	15
Fish fillets raw	7	14
Fish sticks breaded	5	10
Seafood, canned		
salmon (15½-oz can)	8	16
tuna (6½ oz can)	3	6
Processed meats (corn dogs, pizza, breaded fish portions, steak fingers, burritos, etc.): A product analysis statement must be obtained.		

MEAT OR MEAT ALTERNATE

1½-Ounce Portion Yield for:	½ lb	1 lb	2 lb
Dry beans and peas, A.P. (⅜ cup cooked portion)			
black-eyed	9	18	37
Great Northern	8	17	34
kidney, navy pea, or small lima	8	16	33
pinto	8	16	33
split peas	7	15	31
canned (#10 can), baked, or in sauce	16	32	65
Cheese	5	10	21
Cheese food and cheese spread	2	5	10
Peanut butter or other nut or seed butters	3 Tbsp (⅕ cup) = 1½ oz meat alternate (16 oz = 9 1½-oz servings)		
Nuts and seeds	1 oz = 1 oz meat alternate		
Yogurt Commercially prepared, plain, flavored, unsweetened, sweetened	6 oz (¾ cup) = 1½-oz meat alternate		

PEANUT BUTTER

QUANTITY CHART 5
BREAD, CRACKERS, CEREAL, AND PASTA PRODUCTS

BREAD, white, whole-wheat, French, Italian

Portion Yield (½ slice)	¼ loaf	½ loaf	1 loaf
1-pound loaf	8	16	32
1½-pound loaf	12	24	48
2-pound loaf	16	32	64

PASTA PRODUCTS

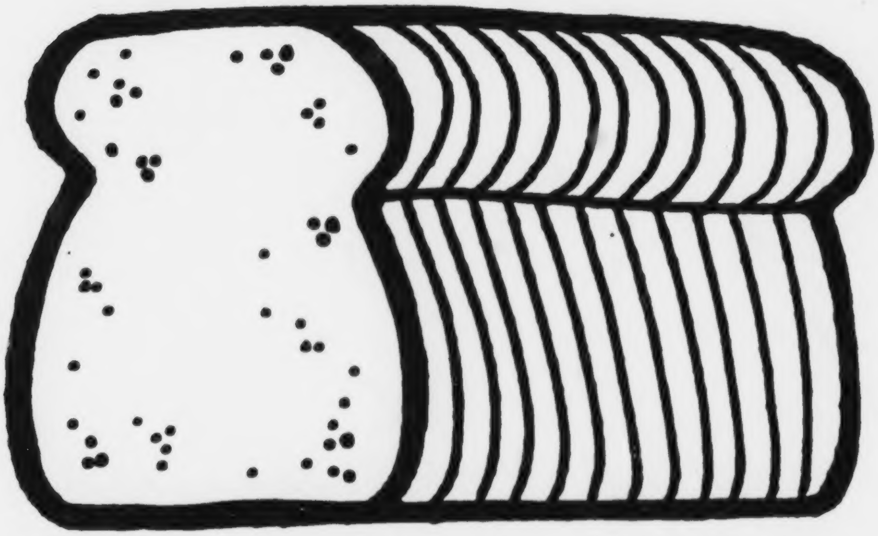
Portion Yield (¼ cup)		¼ lb	½ lb	1 lb
Macaroni		9	19	39
Noodles	egg	10	20	40
	lasagna	9	18	36
Spaghetti		8	16	33

CRACKERS

Portion Yield (½ bread equivalent)	¼ lb	½ lb	1 lb
Grahams	8	16	32
Saltines	10	20	40

CEREAL/CEREAL GRAINS

	¼ lb	½ lb	1 lb
Bulgur, cracked wheat	9	19	39
Grits, enriched corn (regular)	12	25	50
Oats, rolled (regular)	11	22	45
Rice (regular)	8	17	35
Wheat, rolled	11	22	44



SERVING SIZE AND YIELD FOR SELECTED FRESH FRUITS

FRUITS	SIZE AND COUNT	SERVING SIZE AND YIELD
Apples	Specify U. S. #1 wholesale basket with apples having a minimum of 2¼-inch diameter (small apple).	1 apple = ½ cup ½ apple = ¼ cup ¼ apple = ⅛ cup
Bananas	Purchase by fingers. No trade size. Small or petite bananas. Three bananas per pound.	1 banana = ½ cup ½ banana = ¼ cup ¼ banana = ⅛ cup
Berries: Strawberries	Specify U. S. #1. Minimum diameter ¾ inch. Sold in quarts and pints.	½ cup ready-to-eat berries = ½ cup ¼ cup ready-to-eat berries = ¼ cup ⅛ cup ready-to-eat berries = ⅛ cup
Blueberries	Specify U. S. #1. No minimum. Sold in quarts and pints.	½ cup ready-to-eat berries = ½ cup ¼ cup ready-to-eat berries = ¼ cup ⅛ cup ready-to-eat berries = ⅛ cup
Cantaloupe	Specify Size 36; medium size, 5½ inches diameter; 1⅔ pounds per melon.	¼ melon = ½ cup ⅛ melon = ¼ cup 1/16 melon = ⅛ cup
Grapes	Specify variety desired: Concord, Delaware, etc. (slip skin), average 2¾ cups per pound.	16 grapes = about ½ cup 8 grapes = about ¼ cup 4 grapes = about ⅛ cup
	Tokay, Thompson Seedless, etc. (adherent skins), average 163 grapes per pound.	38 grapes = about ½ cup 19 grapes = about ¼ cup 10 grapes = about ⅛ cup
Nectarines	Specify Size 3 x 4. Size is standard with fruit having a 1¾- to 2½-inch diameter.	1 nectarine = ½ cup ½ nectarine = ¼ cup ¼ nectarine = ⅛ cup
Oranges	Specify Size 138 (California or Arizona) or Size 125 (Florida or Texas). Size designation, printed on carton, indicates number of fruit in carton. Medium (or smaller) orange, 4 per pound.	1 orange = ½ cup ½ orange = ¼ cup ¼ orange = ⅛ cup
Plums	Specify Size 3 x 4 x 5. Containers yield a count of 60 pieces of small fruit. Available in 4 baskets per crate.	2 plums = about ½ cup 1 plum = about ¼ cup ½ plum = about ⅛ cup
Peaches	Specify 2- to 2½-inch medium diameter. Available in Eastern basket. Four peaches per pound.	1 peach = ½ cup ½ peach = ¼ cup ¼ peach = ⅛ cup
Pears	Specify 150 or 135 count. Diameter of pears of both counts is 2½ inches; 150 count is a short fruit, while 135 count is a long fruit. Four pears per pound.	1 pear = ½ cup ½ pear = ¼ cup ¼ pear = ⅛ cup
Raisins	Specify bulk purchase or individual packages, 1½ ounces each.	Yield of bulk: 5⅓ oz = 1 cup 2⅔ oz = ½ cup 1⅓ oz = ¼ cup Yield of individual package: 1 package (1½ oz) = about ¼ cup fruit
Tangerines	Specify Size 176. Fruit will average 2⅜ inches in diameter. Four tangerines per pound.	1 tangerine = about ½ cup
Watermelon	Specify average size. Melons will average about 28 pounds. Serving size determined by quartering melon.	Yield of quarter of melon: 1/16 quarter = ½ cup 1/32 quarter = ¼ cup 1/64 quarter = ⅛ cup

SERVING SIZE AND YIELD FOR SELECTED VEGETABLES

VEGETABLE	SIZE AND COUNT	SERVING SIZE AND YIELD
Carrot sticks	Specify U.S. #1, with 1⅛-inch minimum diameter. About 7½ inches long. Six per pound. Fifty-pound mesh bag.	1 stick is 4 inches long x ½ inch wide 12 sticks = ½ cup 6 sticks = ¼ cup 3 sticks = ⅛ cup
Cauliflower	Specify in cartons 18-24 pounds or wire-bound crates 45-50 pounds.	1 medium head = about 6 cups florets
Celery sticks	Specify 2, 2½, or 3 dozen stalks per crate. Crates weigh 65-75 pounds net.	1 stick is 3 inches long and ¼ inch wide 8 sticks = ½ cup 4 sticks = ¼ cup 2 sticks = ⅛ cup
Cucumber	Specify 2-inch minimum diameter. This information will be stamped on basket. Cucumbers will vary from 2 to 2½ inches in diameter and are about 7½ inches long.	
Cucumber slices	⅛ inch-thick slices	8 slices = ½ cup 4 slices = ¼ cup 2 slices = ⅛ cup
Cucumber sticks	Cut in thirds crosswise and then each third into fourths lengthwise for sticks.	1 cucumber = 12 sticks 4 sticks = ½ cup 2 sticks = ¼ cup 1 stick = ⅛ cup
Lettuce head (iceberg)	Specify 2 dozen heads; crate weight 40-48 pounds (4¼" x 4½").	2 pieces = ½ cup 1 piece = ¼ cup ½ piece = ⅛ cup
Lettuce leaf	Specify 2 dozen heads, weight 18 pounds.	1 large leaf = ¼ cup 2 medium leaves = ¼ cup 3 small leaves = ¼ cup
Olives, ripe	Large.	14 olives = ½ cup 7 olives = ¼ cup 4 olives = ⅛ cup
Dill pickles	Specify large size, 4 to 4¾ inches long; 22 to 39 count per gallon.	1 pickle = ½ cup ½ pickle = ¼ cup ¼ pickle = ⅛ cup
Sweet pickles	Specify small size, 2½ to 4½ inches long; 52 to 99 count per gallon.	3 pickles = ½ cup 1½ pickles = ¼ cup ¾ pickle = ⅛ cup
Radishes	Specify U.S. #1, ½-inch diameter minimum, without tops. Small: 45 radishes per pound.	8 radishes = ½ cup 4 radishes = ¼ cup 2 radishes = ⅛ cup
Tomato wedges	Specify 5 x 6 size, extra large; 30 pounds net per container. Tomato is 2⅛ inches x 3 inches in diameter, 2¼ tomatoes per pound.	½ tomato = ½ cup ¼ tomato = ¼ cup ⅛ tomato = ⅛ cup
Tomato slices	Specify 6 x 7 size, medium slices in ¼-inch slice.	4 slices = ½ cup 2 slices = ¼ cup 1 slice = ⅛ cup
Cherry tomatoes	Specify standard size, reasonably uniform in size. Volume given in cups.	8 tomatoes = about ½ cup 4 tomatoes = about ¼ cup 2 tomatoes = about ⅛ cup

MEASURES, SIZES OF CANS, ABBREVIATIONS, AND OVEN TEMPERATURES

Contents of Cans: Fruits and Vegetables

SIZE OF CAN	AVERAGE NET WEIGHT PER CAN	APPROXIMATE CUPS PER CAN	
No. 303	16-17 oz	2 cups	
		½ cup = 4	¼ cup = 8
No. 2	18 fl oz or 20 oz	2½ cups	
		½ cup = 5	¼ cup = 10
No. 2½	26-30 oz	3½ cups	
		½ cup = 7	¼ cup = 14
No. 3 (Cylinder)	46 fl oz or 51 oz	5¾ cups	
		½ cup = 11½	¼ cup = 23
No. 10	6 lb-7 lb 5 oz	12 cups - 13⅔ cups	
		½ cup = 24	¼ cup = 48

SUBSTITUTING CAN SIZES:

6 No. 303 cans = 1 No. 10 can
3 No. 303 cans = ½ No. 10 can
1 No. 2 can = 1⅓ No. 303 cans
1 No. 3 cylinder = 3 No. 303 cans
2 No. 2½ cans = 1½ No. 303 cans
2 No. 2½ cans = 3 No. 303 cans

TERMS COMMONLY USED TO DESCRIBE OVEN TEMPERATURES:

OFF
100
150
200
250
300
350
400
450
500
550
600
Foods Require The
Proper Temperature

Temperature	Term
250° - 275°F	Very Slow
300° - 325°F	Slow
350° - 375°F	Moderate
400° - 425°F	Hot
450° - 475°F	Very Hot
500° - 525°F	Extremely Hot

EQUIVALENT MEASURES:

3 tsp = 1 Tbsp
2 Tbsp = ⅛ cup
4 Tbsp = ¼ cup
5⅓ Tbsp = ⅓ cup
8 Tbsp = ½ cup
10⅔ Tbsp = ⅔ cup
12 Tbsp = ¾ cup
16 Tbsp = 1 cup
2 cups = 1 pint
2 pints = 1 quart
4 quarts = 1 gallon
2 gallons = 1 peck
4 pecks = 1 bushel

1 gallon = 128 oz (16 cups)
¾ gallon = 96 oz (12 cups)
⅔ gallon = 85 oz (10+ cups)
½ gallon = 64 oz (8 cups)
⅓ gallon = 43 oz (5+ cups)
¼ gallon = 32 oz (4 cups)

ABBREVIATIONS:

gal. = Gallon
T. or Tbsp. = Tablespoon
lb. or # Pound

tsp	teaspoon
Tbsp	tablespoon
lb	pound
c	cup
pt	pint
qt	quart
gal	gallon
oz	ounce
E.P.	edible portion
A.P.	as purchased
wt	weight
pkg	package
Nc.	number
°F	degrees Fahrenheit
°C	degrees Celsius
#	pound or number (1# = 1 pound, #1 = number 1)

WEIGHTS AND MEASURES

Measures of Volume

Recipes indicate the amount of each ingredient to use in two ways—by volume and by weight. Volume refers to the amount of space an ingredient occupies in a measuring container.

Use volume to measure mainly liquid ingredients and ingredients in amounts less than two ounces. The seven most commonly used measures of volume are teaspoon, tablespoon, fluid ounce, cup, pint, quart, and gallon. Keep in mind that ounce is a measure of both volume and weight. Remember that when it is written

fluid ounce or fl oz, it is volume
and
ounce or oz, it is weight.

Teaspoon
Tablespoon
Fluid Ounce
Cup
Pint
Quart
Gallon

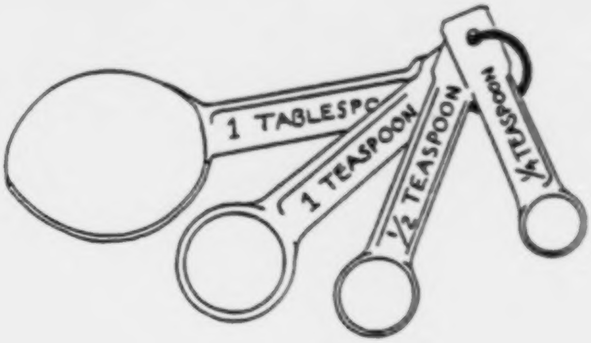
Always measure ingredients in the largest possible container. The fewer times an ingredient is measured, the less chance there is for error. It is more accurate and faster to measure one cup of milk than it is to measure 16 tablespoons of milk. Common measures of volume are equal to other measures. Some examples are the following:

Equivalent Volume Measures

3 teaspoons = 1 tablespoon
2 tablespoons = 1 fluid ounce
2 tablespoons = ⅛ cup
4 tablespoons = ¼ cup
5⅓ tablespoons = ⅓ cup
8 tablespoons = ½ cup
10⅔ tablespoons = ⅔ cup
12 tablespoons = ¾ cup
16 tablespoons = 1 cup
8 fluid ounces = 1 cup
2 cups = 1 pint
2 pints = 1 quart
4 cups = 1 quart
4 quarts = 1 gallon

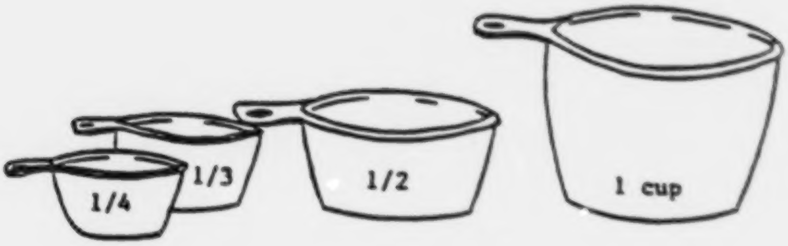
Equipment for Volume Measures

Standard measuring equipment should always be used when preparing food because it helps measure the right amount of each ingredient. Success in food preparation depends on having the correct amount of each ingredient in the recipe. The equipment used to measure volume includes measuring spoons, dry measuring containers, and liquid measuring containers.



MEASURING SPOONS are used to measure small amounts of ingredients such as seasonings, spices, herbs, and flavorings. Although larger measures are used more often, it is necessary to be familiar with the smaller measures. A standard set of measuring spoons consists of:

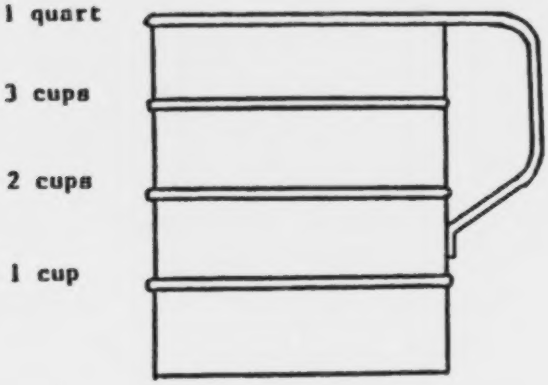
1/4 teaspoon,
1/2 teaspoon,
1 teaspoon, and
1 tablespoon.



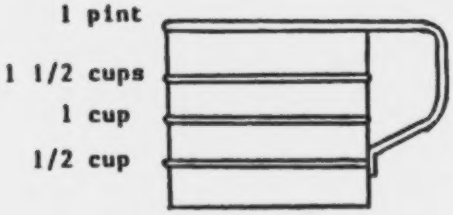
A set of ***NESTED MEASURING CUPS*** usually includes

¼ cup,
⅓ cup,
½ cup, and
1 cup.

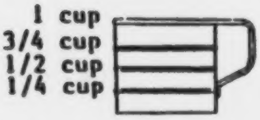
Nested measuring cups and graduated dry measures are used to measure small amounts of dry and solid ingredients such as salt, brown sugar, yeast, flour, solid shortening, etc. Dry measuring cups and graduated measures do not have a lip above the fill line, so the ingredient can be leveled. They are usually made of heavy-weight aluminum or stainless steel.


1 quart
3 cups
2 cups
1 cup

1 Quart Dry Measure


1 pint
1 1/2 cups
1 cup
1/2 cup

1 Pint Dry Measure


1 cup
3/4 cup
1/2 cup
1/4 cup

1 Cup Graduated Measure

The sizes for ***GRADUATED DRY MEASURES*** are:

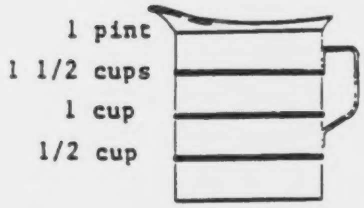
1 cup graduated measure,
1 pint dry measure,
1 quart dry measure,
2 quart dry measure or ½ gallon, and
1 gallon dry measure.

Rings are on the graduated measures to indicate ¼, ½, and ¾ of the total volume and should be counted from the bottom to the top of the container. Do not use graduated dry measures larger than one quart because it is more accurate to weigh than to measure when dealing with larger amounts of dry ingredients.

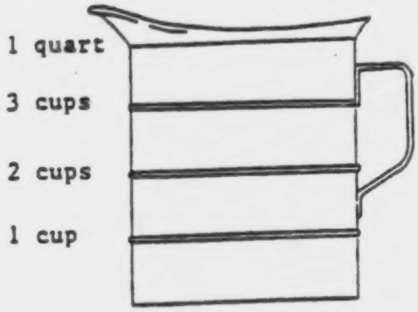
Use ***LIQUID MEASURES*** to measure large amounts of liquids such as milk, water, or juice. They have a lip for pouring to prevent spills. They are usually made of heavy aluminum or polycarbonate. The sizes are:

1 pint,
1 quart,
½ gallon, and
1 gallon.

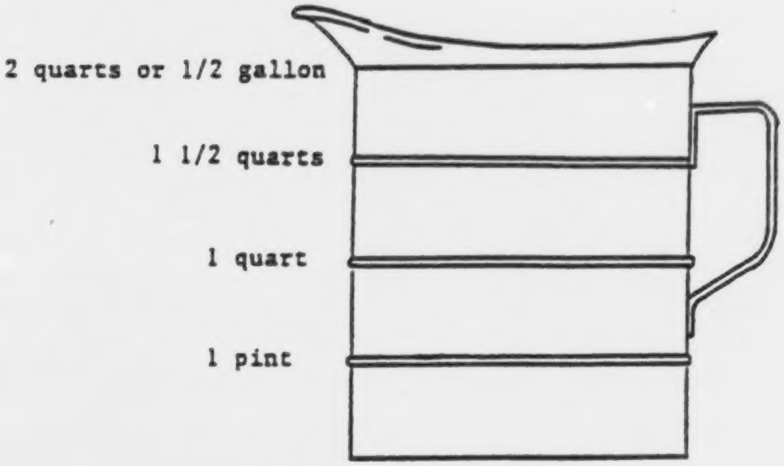
Rings on aluminum graduated liquid measures indicate ¼, ½, and ¾ of the total volume of the container and should be counted from the bottom to the top. The polycarbonate measures have the measures printed on the outside.



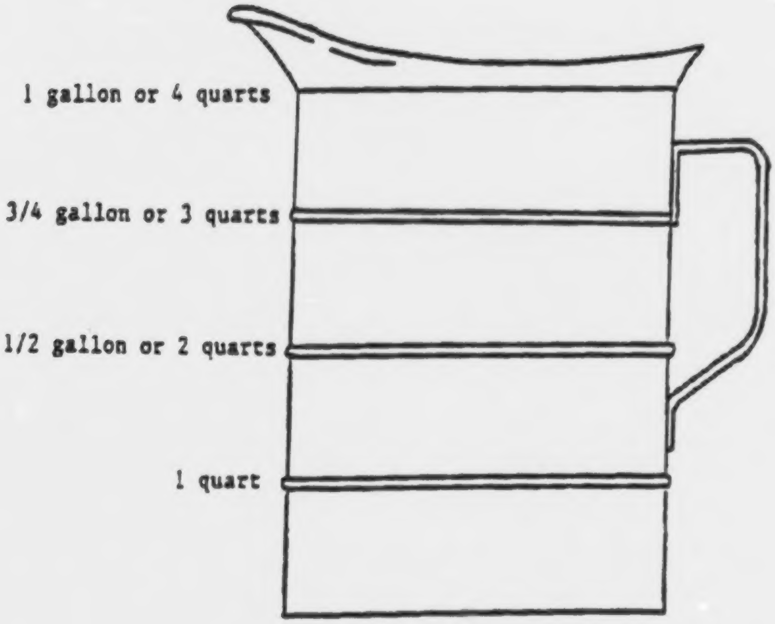
1 Pint Liquid Measure



1 Quart Liquid Measure


2 quarts or 1/2 gallon
1 1/2 quarts
1 quart
1 pint

1/2 Gallon Liquid Measure


1 gallon or 4 quarts
3/4 gallon or 3 quarts
1/2 gallon or 2 quarts
1 quart

1 Gallon Liquid Measure

Rules for Measuring Ingredients

Rules to follow when measuring dry ingredients:

- Use standard measuring equipment.
- Use the largest appropriate measure to save time and to reduce error. Exception: To measure flour, do not use a container larger than one quart because flour packs easily.
- Spoon ingredient lightly into the measuring container. (If lumpy, sift before measuring.) Exception: Pack brown sugar firmly into the measuring container so it will take the shape of the container when emptied.
- Fill the measuring container to overflowing, and level off with a straightedged spatula.
- Avoid shaking or tapping measuring container.

Rules to follow when measuring liquid ingredients:

- Use the largest appropriate standard measuring container.
- Place liquid measuring container on a flat surface.
- Pour liquid into the container until it reaches the desired level.
- Read at eye level when using a glass or a clear polycarbonate container. If a metal container is used, look inside the container as the liquid is filled to the desired level.

It is easier to weigh peanut butter and solid fat such as butter and shortening.

When it is necessary to measure these ingredients, they should be pressed firmly into the measuring container and leveled off with a straightedged spatula.

EQUIVALENT WEIGHT MEASURES

16 ounces = 1 pound

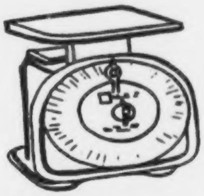
12 ounces = ¾ pound

8 ounces = ½ pound

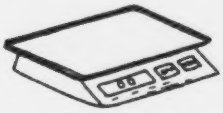
4 ounces = ¼ pound

Equipment for Weighing

Scales are used to measure ingredients by weight. There are many different types of food scales available. It is important to use scales that have been standardized. In addition to the importance of using standardized scales, they must be handled properly in order to maintain accurate readings. Scales should be handled by the base and ***never picked up by the platform.*** There are basically two types of scales used in food preparation—the traditional and the electronic.



Traditional Scale



Electronic Scale

Rules for Weighing Ingredients

- Be sure the pointer is on zero.
- Place the container for the ingredient on the platform.
- If using a scale with a fixed dial, place the container on the platform and record the weight of the container. Add the ingredient until the total weight equals the required weight, plus the weight of the container.
- If using a scale with an adjustable dial, place the container on the platform and turn the point to zero. Add the ingredient until the dial reflects the required weight.
- If using an electronic scale, press the tare button after the container is placed on the platform.

Summary

Recipes generally indicate the amount of each ingredient to use in two ways—by volume and by weight. Volume is used to measure mainly liquid ingredients and ingredients in amounts less than two ounces. Whenever possible, ingredients should be weighed because weighing is faster, easier, and more accurate than measuring by volume.

Standardized measuring and weighing equipment should always be used when preparing food. The equipment used to measure volume includes measuring spoons, dry measuring containers, and liquid measuring containers. Scales are used to weigh ingredients. There are many different types of food scales available, but basically two types are used in food preparation—the traditional and the electronic.

FOOD PREPARATION TIPS

- Trim fresh fruits and vegetables carefully to conserve nutritive value. Remove damaged leaves, bruised spots, skins, and inedible parts. You lose nutrients when tissues are bruised. To avoid bruising, use a sharp blade when trimming, cutting, or shredding.
- Cook vegetables only until they are tender and in just enough water to prevent scorching.
- Cook root and tuber vegetables in their skins to help retain their nutritive value.
- Serve the liquid from cans, or use it in gravies, soups, gelatin, and the like to get full nutritive value from canned fruits and vegetables.
- Cook meat, fish, and poultry according to the cut or type that you purchased. The less expensive cuts and grades of lean meat contain as much food value as higher-priced ones. The cheaper cuts require greater skill in cooking and seasoning to be acceptable.
- When you roast meat and poultry, skim fat from drippings before making gravies.
- Avoid cooking cereals in too much water. You waste valuable nutrients when you drain off the cooking water and rinse the cereals.

SANITATION

Sanitation is one of the most important aspects of good food service. One error or one instance of carelessness can cause the spread of a disease, with drastic consequences.

Just as it is important to feed children nutritious, body-building meals, it is equally important that the meals be free from substances that may cause illness. Nutrition and sanitation must go hand-in-hand in any good food service operation. Consider sanitation when you select, store, and serve food. The following are recommendations for safe food handling.

GOOD SANITATION REQUIRES:

Clean utensils and equipment.

- Be sure all eating and drinking utensils are properly handled. Do not touch surfaces on which food is served or surfaces which come in contact with the mouth.
- Do not use cracked or chipped utensils and dishes.
- Keep all appliances and equipment clean and in good working order.
- Use only dishwashing equipment that meets local health agency regulations.

Clean and wholesome food.

- Purchase foods such as pasteurized milk; inspected, stamped meat; and government-approved shellfish to help ensure food safety.
- Examine food to make sure it is not spoiled, dirty, or contaminated with insects.
- Use food supplies on a "first in, first out" basis. Date food items as they are brought into the facility so that you can determine older supplies to be utilized first. This helps prevent spoilage.
- Protect foods such as flours, cereals, cornmeal, sugar, dry beans, and dry peas from rodents and insects by storing these foods in tightly covered containers.
- Keep cold foods cold (40°F or below), and keep hot foods hot (cook and hold at 140°F or above).
- Do not overload containers for heating and cooling. Use shallow pans so food will heat or cool quickly.
- Throw out portions of foods that are served but not eaten.

Safe food-handling practices.

- Wash your hands thoroughly with soap and water before handling foods or utensils. Repeat after every visit to the restroom.
- Wash your hands, utensils, and work surfaces thoroughly after contact with raw eggs, fish, meat, and poultry.
- Thoroughly wash all fruits and vegetables you serve raw, such as lettuce, celery, carrots, apples, and peaches.
- Cook food properly, following standardized procedures and recipe directions.

MAKE MEALTIME A HAPPY TIME

Feeding young children can be fun if you know:

- What foods children should have.
- How to bring children and foods together happily.

Pleasant eating experiences are as important as nutritious foods. They provide pleasant associations with food and eating. Food habits and attitudes that form during the preschool years remain with most people throughout life.

- Try to understand each child's personality and reaction to foods.
- Children need to do as much for themselves as they are able to do. First efforts may be awkward, but encourage them. These efforts are a step toward growth.
- Children may be in no hurry to eat once the first edge is taken off their hunger. They do not have an adult's sense of time. Urging them to hurry may spoil their pleasure in eating.
- Most one-year-old children can handle bite-sized pieces of food with their fingers. Later they can handle a spoon by themselves. Since they are growing slower than infants, they may be less hungry. They may be choosy and refuse certain foods. Do not worry or force them to eat. Continue offering different foods.
- Sometimes children three to six years old go on food "jags." They may want two or three servings of one food at one meal. Given time, they will settle down and eat a normal meal. The overall pattern from week to week and month to month is more important.

INTRODUCING NEW FOODS

Introduce only one new food at a time. Discuss these new items and prepare the child for the food experience. Do not be discouraged if the reception is not favorable. Try the food item again at a later date.

ENCOURAGING FAVORABLE FOOD ATTITUDES AND GOOD EATING HABITS

- Use a bright, attractive, well-ventilated, and comfortable room for serving meals.
- Have a physical setting—tables, chairs, dishes, glasses, silverware, and serving utensils—that suits young children.
- Provide a quiet time just before meals so that the atmosphere can be friendly and relaxed at mealtime.
- Encourage children to participate in the food service by setting the table, by helping to bring the food to the table, or by cleaning their own space after eating.
- Avoid delays in food service so the children will not have to sit and wait.
- Set a good example. Young children sense adult attitudes toward food.
- At the table, create an atmosphere of acceptance and respect for each child so that the meal will be both nutritionally and emotionally satisfying.
- Arrange foods on plates to make meals nutritious, interesting, and attractive from the standpoints of color, texture, flavor, and temperature.
- Temperature extremes are unpleasant to most young children. Usually a child does not object to lukewarm food.
- Deemphasize the "clean plate" idea. Children may rebel if you force them to eat unwanted food. Children may learn to overeat if they are told often to finish their meals.
- Do not let children use food to gain attention—for example, if they refuse to eat or make special demands.

NUTRITION EDUCATION

Nutrition education should prepare children to make the correct choices of food. Children should start learning about nutrition when they are young.

During this period, a young child can develop positive attitudes toward food, learn to accept a wide variety of foods, and appreciate the pleasurable experiences eating provides. You can accomplish all of this by incorporating into the CACFP educational activities that are centered around food. It is better to establish good food habits early in life than try to change eating habits later.

Many factors must work together to make a nutrition education program successful. A primary factor is the cooperative effort of providers and parents in helping children learn about food. Providers should serve nutritious meals and supplements that provide an opportunity for excellent learning activities. Parents can emphasize these activities at family mealtimes at home. In the family day care home, you might encourage children to:

- Identify, talk about, and enjoy a wide variety of new foods, new tastes, and new dishes.
- Develop a wholesome attitude toward nutritious foods and good eating habits.
- Share and socialize in group-eating situations.

The teaching of nutrition is most valuable when you integrate it with other learning experiences. Learning is reinforced when children have an opportunity to practice what you teach them. Foods such as a golden orange, a rosy apple, or a bright-hued pepper can be an introduction to bright new colors, different shapes, and aromas.

Some nutrition education activities that children may perform are:

- Squeezing oranges and drinking the juice for supplement. Roll the oranges on a hard surface, such as a table, to soften them before juicing.
- Peeling grapefruit, bananas, and tangerines. Tear and break the fruits into pieces, and mix them together to make a salad for lunch.
- Growing a sweet potato in water to show how the plant grows from the stored food in the potato.
- Celebrating a special occasion like Halloween by baking pumpkin bread or Washington's birthday by preparing a cherry cobbler.
- Measuring dried beans or colored water using real kitchen measuring cups and spoons.
- Observing changes in texture, volume, and consistency of juice as a liquid and after you freeze it. Freeze the juice in cups to make popsicles.
- Role-playing in a supermarket setting. This could include choosing food, caring for fresh vegetables, classifying and shelving canned goods, and exchanging money tokens.
- Listening to the sounds made as celery or carrot sticks are eaten; identifying a variety of foods by smell, with your eyes closed; using descriptive words to tell how certain foods taste.

Children learn many things from excursions or trips to discover how food is produced, marketed, and purchased. These trips broaden their horizons and both stimulate and satisfy their curiosity. After the trip, have the children role-play what they learned. Children could begin with a visit to the center's own kitchen and an introduction to the person who is responsible for the food preparation.

On a trip to a farm, children might:

- Observe cows being milked and discuss how the milk gets from the farm to the container in the store.
- Discuss how eggs get from the farm to the store.
- Observe vegetables and plants growing. Discuss how plants grow and produce our vegetables and fruits.

You can take other trips that teach children more about foods—to the farmer's market, grocery store, dairy, and bakery.

In addition, foods may be a pleasant and interesting part of other day care activities. At play, for example, you might encourage children to:

- Plant seeds that germinate quickly, such as radishes, mustard greens, and turnip greens. Soak seeds overnight to hasten germination.
- Make biscuit or yeast dough, and wrap it around different types of food before cooking. Cook and eat the finished product.
- Play a matching game with foods and food pictures, such as matching eggs and chicken, green leafy vegetables and growing plants, and milk and cows.

PLANNING FOODS FOR CHILDREN

Young children master many skills during their first six years, and learning to eat a variety of foods is one of the most important ones. Thus, personnel who are responsible for food service in child care centers should provide children the opportunity to learn to eat and enjoy a variety of nutritious foods.

Since no one food contains all the nutrients in amounts children need for good health, it is important to select a variety of foods to supply all the nutrients children need each day. Meal pattern requirements provide a framework for planning menus that contribute to the nutritional well-being of young children.

As specified in the regulations for the Child and Adult Care Food Program, the meals or supplements must contain, at a minimum, the following food components in the amounts that the meal pattern chart indicates.

MILK supplies most of the calcium in meals. It also supplies riboflavin, protein, vitamin A, and other nutrients.

At ***breakfast,*** you must provide a serving of milk. It may be used as a beverage, on cereal, or as a beverage and on cereal. At ***lunch*** and ***supper,*** you must serve milk as a beverage. You may offer children a choice of different types of milk, including whole milk, lowfat milk, skim milk, cultured buttermilk, or flavored milk. They all must meet state and local standards. If you serve lowfat or skim milk, it should be fortified with vitamins A and D. Milk is also a good beverage to use for ***midmorning*** or ***midafternoon supplements.*** If you serve only supplements or a meal and two supplements, it is a good idea, but not mandatory, to include milk in at least one supplement. You may also use additional milk (fluid, evaporated, or nonfat dry) to prepare soups, puddings, baked products, and other dishes. Additional milk in these items helps improve the nutritional quality of any meal. However, you cannot credit this milk to meet the milk requirement.

MEAT AND MEAT ALTERNATES provide protein, iron, B-vitamins (thiamin, riboflavin, niacin), and other nutrients. You may serve a meat, a meat alternate, or a meat and meat alternate combination at ***lunch*** or ***supper*** in the amounts the patterns specify. For example, you may serve a peanut butter sandwich and a "deviled" egg as the meat alternate in a meal. Ground meat and cheese (meat and meat alternate) that are combined in a casserole also meet this requirement. These foods are usually served as the main dish at ***lunch*** or ***supper.***

Young children enjoy cheese sticks, peanut butter on bread or crackers, meat cubes, and other protein-rich foods at supplement time. ***Supplements*** provide excellent opportunities for introducing unfamiliar meats or meat alternates to young children. You may also use a serving of meat or meat alternate as one of the components of a supplement.

VEGETABLES AND FRUITS provide most of the vitamin C and a large share of vitamin A. They also supply iron, other vitamins and minerals, and fiber.

At ***breakfast,*** a serving of fruit or vegetable or ***full-strength*** fruit or vegetable juice is required. Breakfast is an excellent time to serve vitamin C foods. These include citrus fruits and juices like orange juice and grapefruit. Other good choices are tomato juice, strawberries, or cantaloupe when they are in season. You can also serve dried fruit. Dried apricots, raisins, and prunes provide variety in menus and are valuable sources of iron. (See list of food sources of vitamins A and C and iron.)

To meet Program requirements for ***lunch*** and ***supper,*** you must serve two or more vegetables or fruits at each meal. Try to include vegetables and fruits that are good sources of vitamins A and C and iron in at least one meal.

Fruits and vegetables that are easy to prepare and eat are practical to serve. Offer a variety of these foods. Use fresh fruits and vegetables frequently. When you use canned fruits, select ones that are packed in fruit juice, water, or a light syrup, when possible. If you serve fruit or vegetable juice for the ***midmorning*** or ***midafternoon supplement,*** use full-strength juice. (However, you cannot serve fruit juice if you serve milk as the only other component for the supplement.) Juice drinks with at least 50 percent full-strength juice are allowed, but discouraged because double the volume is needed to meet Program requirements. Most juice drinks contain less than 50 percent full-strength juice. Beverages made from fruit-flavored powders and syrups do not meet Program requirements.

Supplement time is a good time to introduce new vegetables and fruits to children. For variety, you might want to serve some fruit or vegetable with juice and toast for supplement.

ENRICHED OR WHOLE-GRAIN BREAD AND CEREALS provide some of the B-vitamins, minerals (especially iron), some protein, and calories. Whole-grain products supply additional vitamins and minerals as well as dietary fiber and variety of taste and texture.

At ***breakfast,*** you must offer a serving of enriched or whole-grain bread, a serving of an acceptable bread product made of enriched or whole-grain meal or flour, or a serving of enriched or whole-grain cereal. (See list of acceptable breads and bread alternates.) To meet the requirement for three-to-five-year-old children, you can use a combination of bread and cereal, such as one-fourth slice of bread and two level tablespoons (one-eighth cup) of cooked rolled oats. Remember that the meal patterns specify a different serving size for hot, cooked cereals than for cold, dry cereals.

At ***lunch*** or ***supper,*** you must offer a serving of enriched or whole-grain bread. You can meet this requirement with whole-grain or enriched bread or with a serving of an acceptable bread product made with whole-grain or enriched meal or flour. A serving of enriched or whole-grain products such as enriched macaroni, rice, noodles, spaghetti, corn grits, or bulgur also meet this requirement.

For ***midmorning*** and ***midafternoon supplements,*** if you choose to serve bread, you must offer a variety of enriched or whole-grain bread or cereal or an acceptable bread product made of enriched or whole-grain meal or flour. Hot breads such as rolls, biscuits, cornbread, muffins, or raisin bread can add variety and appeal, as well as nutrients, to supplements. Enriched soda and graham crackers also are appropriate to serve to young children as supplements. Enriched cookies do not count as bread equivalents at breakfast, lunch, or supper. However, cookies are acceptable as supplement items. Choose a type of cookie that you may offer in reasonable numbers to meet the minimum requirements for the age group you are serving. USDA recommends that you serve cookies as part of a supplement no more than twice a week.

You may serve ***OTHER FOODS*** that are not a part of the meal pattern requirements at all meals. These can help improve acceptability, satisfy children's appetites, and, if wisely chosen, can increase the nutritional quality of meals.

You may serve jams, jellies, honey, and syrup occasionally at ***breakfast*** to add variety. Although these components furnish calories, they are not creditable in the CACFP.

PLANNING FOODS FOR INFANTS

Because infants (birth to one year) are so vulnerable nutritionally, you should design their feedings to meet individual needs by utilizing the USDA Infant Meal Pattern and any documented alteration of the meal pattern as prescribed by the child's doctor (must have statement on file at facility).

In order to claim for reimbursement for infant meals, all components required at each meal must be provided by the provider, including formula or milk. Meals containing formula or breast milk provided by parents served to infants four months of age or older may be claimed for reimbursement when the other meal component or components are supplied by the caregiver.

CREDITING FOODS FOR INFANT MEAL PATTERN

BREAST MILK, FORMULA, AND WHOLE MILK

- Meals containing only breast milk or formula provided by the parent are not reimbursable.

- All infant formulas, including soy-based formulas, may be served as long as they are iron-fortified and served according to the directions on the label.

- Whole milk, iron-fortified formula, or breast milk may be served to infants aged 8 to 11 months. Whole milk may only be served when babies reach eight months and are eating a wide variety of solid foods, including those rich in vitamin C and iron.

- Lowfat, reduced-fat, and skim milk should not be served until children reach the age of two.

FRUITS AND VEGETABLES

- Commercial baby food fruits and vegetables that list fruit or vegetable as the first ingredient in the ingredient listing on the label may be credited.

- Commercial baby food fruits and vegetables that contain multiple fruits or multiple vegetables, and list fruit or vegetable as the first ingredient in the ingredient listing on the label, may be credited.

- Commercial baby food ***DINNERS*** which list fruit or vegetable as the first ingredient are ***NOT*** creditable as meal components.

- Commercial baby foods in the ***JARRED CEREAL WITH FRUIT*** category are ***NOT CREDITABLE*** as a meal component in the fruit or infant cereal categories.

- Commercial baby foods in the ***DESSERT CATEGORY*** (these generally have "dessert" or "pudding" as part of the product name on the front of the label) that list a fruit as the first ingredient in the ingredient listing are ***NOT*** creditable meal components.

FRUIT JUICE

- Only full-strength fruit juice (regular or infant juice) may be credited as a snack for infants aged 8 through 11 months.

- It is recommended that fruit juice containing, or fortified with, vitamin C be selected. Vitamin C promotes the absorption of iron.

- It is recommended that only pasteurized fruit juice be selected. Frozen concentrate, shelf-stable juice in hermetically-sealed containers (including infant juices), and canned juices are processed or pasteurized to eliminate harmful bacteria.

- Vegetable juices and fruit juices with yogurt are ***NOT*** creditable.

- Fruit juice should be provided in a cup rather than a bottle to prevent baby bottle mouth.

MEAT AND MEAT ALTERNATES

- Commercial plain strained baby food meats (including those with beef, chicken, turkey, lamb, veal, and ham) are creditable.

- Junior baby food meat products (i.e., beef and beef gravy, chicken and chicken gravy, ham and ham gravy, turkey and turkey gravy, and veal and veal gravy) are creditable even if they do contain additional ingredients, such as cornstarch and, in some cases, lemon juice concentrate.

- Meat sticks or "finger sticks" (which look like miniature hot dogs) are not creditable as a meat/meat alternate. They present a choking risk in infants and, by the manufacturer's declaration, are designed to match the skills of children over 12 months of age.

- Commercial fish sticks, other commercial breaded or battered fish or seafood products, canned fish with bones, hot dogs, and sausages are ***NOT*** creditable as a meat/meat alternate. These foods are not designed by their manufacturers for consumption by infants. Infants may choke on these food items, and there may be an incidental bone in fish sticks and other breaded fish products.

- Yogurt is ***NOT*** creditable as a meal component in the Infant Meal Pattern. Yogurt can be served as an additional food if the parent requests that it be served.

- Nuts, seeds, and nut and/or seed butters are ***NOT*** creditable. These foods can cause an infant to choke and can also cause allergic reactions in some infants.

BREADS, CRACKERS, AND INFANT CEREALS

- Only infant cereal and bread or cracker-type products made from whole-grain or enriched meal or flour that is suitable for an infant to use as a finger food may be credited. Infant Meal Pattern does not specify the broad category of "bread alternate."

- Any iron-fortified dry cereal specially formulated for and generally recognized as cereal for infants that is routinely mixed with formula or milk prior to consumption may be credited. A serving of infant cereal must be fortified to a minimum level of 45 percent of the Daily Value for iron as listed on the product's Nutrition Facts label.

- Breads made from whole-grain or enriched meal or flour that are creditable at supplement for infants aged 8 months through 11 months include:

    * Breads (white, wheat, whole-wheat, French, Italian, and similar breads, all without nuts, seeds, or hard pieces of whole-grain kernels)
    * Biscuits
    * Bagels (made without nuts, seeds, or hard pieces of whole-grain kernels)

  - English muffins
  - Pita bread (white, wheat, whole-wheat)
  - Rolls (white, wheat, whole-wheat, potato, all without nuts, seeds, or hard pieces of whole-grain kernels)
  - Soft tortillas (wheat or corn)

- Cracker-type products creditable at supplement for infants aged 8 through 11 months include:

  - Crackers (saltines or snack crackers made without nuts, seeds, or hard pieces of whole-grain kernels; matzo crackers; animal crackers; graham crackers made without honey)
  - Zwieback
  - Teething biscuits

- All bread and cracker-type products, if they are served, must be prepared in a form that is suitable for an infant to use as a finger food and reduce the chance of choking.

- Iron-fortified dry infant cereals containing fruit are ***NOT*** creditable.

- Commercial jarred baby food cereals (which are "wet," not "dry") are ***NOT*** creditable.

- Ready-to-eat breakfast cereals (cold, dry) and cooked breakfast cereals (such as farina or oatmeal) are not considered "iron-fortified dry infant cereal" and are not creditable. They can be fed as additional foods if the parent requests that they be served.

CHILD AND ADULT CARE FOOD PROGRAM
INFANT MEAL PATTERN

BREAKFAST	BIRTH THROUGH 3 MONTHS	4 THROUGH 7 MONTHS	8 THROUGH 11 MONTHS
	4-6 fluid oz formula[1] or breast milk[5]	4-8 fluid oz formula[1] or breast milk[5] 0-3 Tbsp infant cereal[2] (optional)	6-8 fluid oz formula[1], breast milk[5], or whole milk 2-4 Tbsp infant cereal[2] 1-4 Tbsp fruit and/or vegetable
LUNCH/SUPPER			
	4-6 fluid oz formula[1] or breast milk[5]	4-8 fluid oz formula[1] or breast milk[5] 0-3 Tbsp infant cereal[2] (optional) 0-3 Tbsp fruit and/or vegetable (optional)	6-8 fluid oz formula[1], breast milk[5], or whole milk 1-4 Tbsp fruit and/or vegetable ***AND ONE OF THE FOLLOWING:*** 2-4 Tbsp infant cereal[2] and/or 1-4 Tbsp meat, fish, poultry, egg yolk, or cooked dry beans or peas, or 1/2-2 oz cheese or 1-4 oz cottage cheese, cheese food, or cheese spread
SUPPLEMENT			
	4-6 fluid oz formula[1] or breast milk[5]	4-6 fluid oz formula[1] or breast milk[5]	2-4 fluid oz formula[1], breast milk[5], whole milk, or fruit juice[3] 0-1/2 slice bread[4] or 0-2 crackers (optional)

[1] Shall be iron-fortified infant formula.
[2] Shall be iron-fortified dry infant cereal.
[3] Shall be full-strength fruit juice.
[4] Shall be from whole-grain or enriched meal or flour.
[5] Meals containing only breast milk are not reimbursable.

Honey must not be served or used in foods to feed infants under one year of age.

When "0" tablespoon is listed as the serving size, it means the food item is optional and should be served at the discretion of the caregiver. In addition, less than one tablespoon of the foods can be served.

The portions listed of required food items for each age are minimum amounts. Larger portions can be served to babies who would like more.

BEST COPY AVAILABLE

SPECIAL DIETARY NEEDS

Meals claimed for reimbursement must meet meal pattern requirements. Meal components that are altered due to special dietary needs must have supporting documentation.

Providers are advised to check with parents to be certain that their child has tried, and had no reaction to, certain foods. Providers should request that parents furnish a statement signed by a recognized medical authority if their child is allergic to, and should not be fed, certain foods or ingredients.

If special dietary exceptions are not documented, the meal cannot be claimed for reimbursement.

EXAMPLE
MEDICAL STATEMENT

Sunshine Medical Practice
1212 North Light Boulevard
Newhope, Oklahoma 72345
(102) 555-1212

MEMO TO: *Mr./Mrs. John Doe, Sr.*

DATE: ____________________

Your son, John Doe, Jr., has been diagnosed as being lactose intolerant. Juice should be substituted for milk.

R. J. Hoffman, M.D.
R. J. Hoffman, M.D.

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CYCLE MENUS

A cycle menu is a set of planned menus that are repeated in the same order for a period of time, usually four to six weeks. The menu is different every day during the cycle. A cycle menu offers variety and is flexible to allow for substitutions. It is the master plan of meal planning. Advantages include the following:

- Helps in serving a variety of food because you can see all weeks of the cycle at one time. If you are repeating one food item too often, you can realize it on paper.
- Helps in identifying nonperishable food items that can be purchased in bigger quantities or at special prices, resulting in lower food cost.
- Helps in anticipating orders to avoid being out of menu ingredients.
- Helps in managing labor by dovetailing activities.
- Helps in meeting meal pattern requirements because recipes become standardized.

Adjust cycle menus as follows:

- Replace foods not available.
- Observe birthdays and other special occasions.
- Introduce new foods and try new recipes.
- Take advantage of seasonal foods or best buys.
- Use leftovers wisely.
- Reflect food acceptability.

WEEKLY MENU PLANNER
SAMPLE CYCLE MENU

MENU NUMBER	BREAKFAST	LUNCH	SUPPLEMENT
1	Cereal Fresh strawberries and bananas Milk	Toasted cheese sandwich Celery w/peanut butter Orange jello w/carrots Fresh pineapple Milk	Cinnamon roll Milk
2	Scrambled eggs Buttered toast Apple juice Milk	Chicken pot pie* Peas and carrots Fruit cup Yeast biscuits Milk	Oatmeal cookies Orange juice
3	Biscuits Grapefruit juice Milk	Fish sticks Oven fries Rotini pasta salad Stewed apples Milk	Mexican cheese Toast Water
4	French toast Fresh blackberries Milk	Pinto beans Glazed carrots Fruit cup Mexican cornbread Milk	Muffin surprise Orange juice
5	Whole-wheat pancakes Sliced peaches Milk	Tacos Tossed salad Peaches Spanish rice Milk	Kolache Milk

*If commercially prepared, a CN label or product analysis statement must be maintained.

WEEKLY MENU PLANNER
SAMPLE CYCLE MENU

MENU NUMBER	BREAKFAST	LUNCH	SUPPLEMENT
6	Danish roll Sliced peaches Milk	Baked ham Baked sweet potatoes Corn Wheat rolls Milk	Peanut butter cookies Orange juice
7	Cheese strata Orange wedges Milk	Salisbury steak* Broccoli w/cheese sauce* Pear halves Bread Milk	Graham crackers Milk
8	Sausage biscuits Apricots Milk	Chicken nuggets* Green beans Mashed potatoes Hot rolls Milk	Cheese & fruit kabobs Water
9	Waffles Orange juice Milk	Turkey w/cornbread dressing English peas Pumpkin squares Milk	Almond-oatmeal bars Milk
10	Cold cereal Fresh bananas Milk	Cheeseburger* on bun Crinkle fries Lettuce Tomato Pickle spear Milk	Cherry bars Milk

*If commercially prepared, a CN label or product analysis statement must be maintained.

WEEKLY MENU PLANNER
SAMPLE CYCLE MENU

MENU NUMBER	BREAKFAST	LUNCH	SUPPLEMENT
11	English muffin w/sausage and cheese Orange juice Milk	BBQ beef sandwich* Green beans Carrot sticks Milk	Cookie Milk
12	Toasted oat cereal Apple juice Milk	Lasagna* Green salad w/tomato Pear halves Milk	Crackers Cheese Orange juice
13	Scrambled eggs Toast Potato cakes Milk	Meat loaf Black-eyed peas Purple plums Rolls Milk	Banana bread Milk
14	Rice Orange slices Milk	Chicken strips* Mixed veggies Applesauce Cornbread Milk	Cinnamon toast Grape juice
15	Bran muffins Mixed fruit Milk	Hot dog on bun Oven fries Cole slaw Bread Milk	Peanut butter sandwich Milk

*If commercially prepared, a CN label or product analysis statement must be maintained.

WEEKLY MENU PLANNER
SAMPLE CYCLE MENU

MENU NUMBER	BREAKFAST	LUNCH	SUPPLEMENT
16	Oatmeal Toast Orange juice Milk	Hamburger pizza* Peas and carrot coins Apple wedges Milk	Date pinwheels Milk
17	Waffles Grapes Milk	Vegetable beef soup* Cheese and crackers Peaches Milk	Dry cereal mix Orange juice
18	Blueberry muffin Pineapple juice Milk	Pig in a Blanket Potato rounds w/cheese Waldorf salad Milk	Stewed cinnamon apples Milk
19	Sausage pattie English muffin Cantaloupe Milk	Fish nuggets* Coleslaw Okra Hush puppies Milk	Snack pizza* (cheese) Grape juice
20	Cheese biscuits Sliced peaches (fresh) Milk	Spaghetti w/meat sauce* Tossed green salad Pears Milk	Oatmeal-raisin cookies Milk

*If commercially prepared, a CN label or product analysis statement must be maintained.

WEEKLY MENU PLANNER
SAMPLE CYCLE MENU

MENU NUMBER	BREAKFAST	LUNCH	SUPPLEMENT
21	Breakfast pizza* Orange juice Milk	Cheese macaroni* w/franks Broccoli Jello w/fruit Milk	Chocolate chip cookies Milk
22	Cinnamon toast Boiled egg Pineapple tidbits Milk	Oven-fried chicken Mashed potatoes Green beans Rolls Milk	Applesauce muffins Mixed juices
23	Cornflakes Orange juice Milk	Hamburger on bun Potato salad Baked beans Milk	Soft pretzels Cheese sauce* Water
24	Grilled cheese Cantaloupe Milk	Turkey tetrazzini Mixed vegetables Watermelon, cubed Milk	Peanut butter and crackers Orange juice
25	Biscuits w/gravy Blackberries Milk	Chili pie* Corn Spinach salad Milk	Graham crackers Apple juice

*If commercially prepared, a CN label or product analysis statement must be maintained.

WEEKLY MENU PLANNER
SAMPLE CYCLE MENU

MENU NUMBER	BREAKFAST	LUNCH	SUPPLEMENT
26	Breakfast scones Fresh peaches Milk	Ham and cheese sandwich Mixed fresh veggies w/dip Oven fries Milk	Snickerdoodle cookies Milk
27	Pancakes Fresh strawberries Milk	Goulash* Green salad Purple plums Milk	Graham crackers Grapefruit juice
28	Cheese and crackers Bananas Milk	Turkey pot pie* Broccoli Sliced peaches Milk	Cinnamon rolls Milk
29	Scrambled eggs w/sausage Orange juice Biscuit Milk	Pinto beans Spinach Apple wedges Cornbread muffins Milk	Cereal mix Grape juice
30	Danish roll Honeydew melon Milk	Chicken w/noodles* Cheese stick Carrot sticks Fruit cup Milk	Cinnamon biscuits Milk

*If commercially prepared, a CN label or product analysis statement must be maintained.

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PROVIDER INITIAL APPLICATION AND AGREEMENT

FDCH-4
(Rev. 5/98)

☐ New
☐ Revised

OKLAHOMA STATE DEPARTMENT OF EDUCATION
Sandy Garrett, State Superintendent of Public Instruction

INITIAL FAMILY DAY CARE HOME PROVIDER APPLICATION
Fiscal Year:____________

Sponsoring Organization:____________________ Agreement Number:____________

Name of Provider:____________________

Home Agreement Number:____________________ Effective Date:____________

County in Which the Provider Lives:____________________

Address of Provider: (Give physical location of residence if P. O. Box is used.)

____

____

____

____

Phone Number:_____/____________________

Number of Operating Days Per Week:____________________

I hereby certify that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that State Department of Education and sponsoring organization officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

____________________ ____________________
Signature of Provider Signature of Organization Representative

____________________ ____________________
Date Date

ONLY SUBMIT THIS PAGE AND THE LICENSE OR LICENSE DOCUMENTATION FOR EACH PROVIDER TO THE STATE DEPARTMENT OF EDUCATION FOR APPROVAL.

EXAMPLE

FDCH-4
(Rev. 5/98)

☒ New
☐ Revised

OKLAHOMA STATE DEPARTMENT OF EDUCATION
Sandy Garrett, State Superintendent of Public Instruction

INITIAL FAMILY DAY CARE HOME PROVIDER APPLICATION
Fiscal Year: 2000

Sponsoring Organization: BIG BUCKS CAP   Agreement Number: H-90-01

Name of Provider: PATTY PERFECT

Home Agreement Number: 09   Effective Date: 10/1/99

County in Which the Provider Lives: ZENA

Address of Provider: (Give physical location of residence if P. O. Box is used.)

100 SUNNYLANE
BIG HILL, OK 71234

Phone Number: 405/222-9876

Number of Operating Days Per Week: 5

I hereby certify that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that State Department of Education and sponsoring organization officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Patty Perfect	Sam Banks
Signature of Provider	Signature of Organization Representative
9/20/99	9/20/99
Date	Date

ONLY SUBMIT THIS PAGE AND THE LICENSE OR LICENSE DOCUMENTATION FOR EACH PROVIDER TO THE STATE DEPARTMENT OF EDUCATION FOR APPROVAL.

FDCH-4A
(Rev. 8/98)

OKLAHOMA STATE DEPARTMENT OF EDUCATION
Sandy Garrett, State Superintendent of Public Instruction
FAMILY DAY CARE HOME (FDCH)
INITIAL PROVIDER INFORMATION
Fiscal Year: ________

INSTRUCTIONS: To be completed in duplicate, signed by the provider, and returned to the sponsoring organization. Sponsoring organization administrator must sign both copies. Send one to the provider, and maintain one on file.

1. Home Agreement Number: ____________________

Name and Address of Provider:

Telephone Number: ____________________

2. If P. O. Box number is used in address, give specific directions to the physical location of the residence.

____
____
____

3. Age Range of Enrolled Participants:

From: ____________ To: ____________

4. Number of Children Enrolled: ____________
(Department of Human Services [DHS] enrollment data must be available for *ALL* children.)

5. Operating Data:

a. Hours of Operation:
From: ____________ To: ____________

b. Do you care for children in shifts?
Yes ☐ No ☐

c. Number of Operating Days Per Week: ____________

d. Number of Operating Weeks Per Year: ____________

e. Annual Dates of Operation:
Starting: ____________ Ending: ____________

f. List any months during which the Child and Adult Care Food Program (CACFP) will not operate. Include dates of closing and reopening.

____
____
____

TIER I HOMES ONLY:

6. Is Family-Size and Income Application (FSIA) available at the sponsoring organization to establish eligibility of provider?
Yes ☐ No ☐

7. Does provider qualify to claim own children?
Yes ☐ No ☐

8. MONDAY - FRIDAY MEAL SERVICE

MEAL SERVED	BREAKFAST		A.M. SUPP		LUNCH		P.M. SUPP		SUPPER		LATE P.M. SUPP	
TYPE OF SHIFT	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd
BEGINNING TIME OF MEAL SERVICE												

9. WEEKEND MEAL SERVICE

MEAL SERVED	BREAKFAST		A.M. SUPP		LUNCH		P.M. SUPP		SUPPER		LATE P.M. SUPP	
TYPE OF SHIFT	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd
BEGINNING TIME OF MEAL SERVICE												

JUSTIFICATION FOR WEEKEND CARE: ____________________

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10. Provider Civil Rights Data Collection

Actual enrollment data by racial/ethnic category for each family day care home under a Sponsoring Organization's jurisdiction shall be collected by the sponsoring organization each year. Visual identification may be used by family day care homes to determine a child's racial/ethnic category, or the parents of a child may be asked to identify the racial/ethnic group of the child. Parents may be asked to identify the racial/ethnic group of the child only after it has been explained and they understand that the collection of this information is strictly for statistical reporting requirements.

Home's ***ACTUAL ENROLLMENT DATA*** by racial/ethnic category:

CURRENT ENROLLMENT BY RACIAL/ETHNIC GROUP
(TOTAL MUST EQUAL ITEM 4 ON FRONT OF FORM)

BLACK—NOT OF HISPANIC ORIGIN	HISPANIC	AMERICAN INDIAN/ ALASKAN NATIVE	ASIAN/PACIFIC ISLANDER	WHITE—NOT OF HISPANIC ORIGIN

TIERING DETERMINATION

☐ Tier I (if applicable)

Source of Determination: (Check only one.)

- ☐ School Data
- ☐ Census Data
- ☐ Low Income Verified

Date of Determination: ______________________

Date Determination Expires: ______________________

☐ Tier II (if applicable)

Provider's Option Selected: (Check only one.)

- ☐ Option 1: Application to All Children—Distribute Family-Size and Income Applications to all households.
- ☐ Option 2: Categorical Eligibility Targeted Children—Identify categorically eligible households and distribute Family-Size and Income Applications to only those households.
- ☐ Option 3: Straight Tier II—Straight Tier II Rates.

NOTE: Sponsor is required to inform provider of options relating to identifying income-eligible children.

I hereby certify that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that Oklahoma State Department of Education and sponsoring organization officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Signature of Provider		Date
Signature of Organization Representative	Title	Date

FDCH-4A
(Rev. 8/98)

EXAMPLE

OKLAHOMA STATE DEPARTMENT OF EDUCATION

Sandy Garrett, State Superintendent of Public Instruction

FAMILY DAY CARE HOME (FDCH)
INITIAL PROVIDER INFORMATION

Fiscal Year: 2000

INSTRUCTIONS: To be completed in duplicate, signed by the provider, and returned to the sponsoring organization. Sponsoring organization administrator must sign both copies. Send one to the provider, and maintain one on file.

1. Home Agreement Number: 09

Name and Address of Provider:

Patty Perfect
100 Sunnylane
Big Hill, OK 71234

Telephone Number: 405/222-9876

2. If P. O. Box number is used in address, give specific directions to the physical location of the residence.

NA

3. Age Range of Enrolled Participants:

From: 6 WEEKS To: 10 YEARS

4. Number of Children Enrolled: 6
(Department of Human Services [DHS] enrollment data must be available for *ALL* children.)

5. Operating Data:

a. Hours of Operation:
From: 6 A.M. To: 6 P.M.

b. Do you care for children in shifts?
Yes ☒ No ☐

c. Number of Operating Days Per Week: 5

d. Number of Operating Weeks Per Year: 50

e. Annual Dates of Operation:
Starting: OCT 1 Ending: SEPT 30

f. List any months during which the Child and Adult Care Food Program (CACFP) will not operate. Include dates of closing and reopening.

NA

TIER I HOMES ONLY:

6. Is Family-Size and Income Application (FSIA) available at the sponsoring organization to establish eligibility of provider?
Yes ☐ No ☐

NA

7. Does provider qualify to claim own children?
Yes ☐ No ☐

8. MONDAY - FRIDAY MEAL SERVICE

MEAL SERVED	BREAKFAST		A.M. SUPP		LUNCH		P.M. SUPP		SUPPER		LATE P.M. SUPP	
TYPE OF SHIFT	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd
BEGINNING TIME OF MEAL SERVICE	7:30 A.M.				11:30 A.M.		2:30 P.M.	3:30 P.M				

9. WEEKEND MEAL SERVICE

MEAL SERVED	BREAKFAST		A.M. SUPP		LUNCH		P.M. SUPP		SUPPER		LATE P.M. SUPP	
TYPE OF SHIFT	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd
BEGINNING TIME OF MEAL SERVICE												

JUSTIFICATION FOR WEEKEND CARE:

10. Provider Civil Rights Data Collection

Actual enrollment data by racial/ethnic category for each family day care home under a Sponsoring Organization's jurisdiction shall be collected by the sponsoring organization each year. Visual identification may be used by family day care homes to determine a child's racial/ethnic category, or the parents of a child may be asked to identify the racial/ethnic group of the child. Parents may be asked to identify the racial/ethnic group of the child only after it has been explained and they understand that the collection of this information is strictly for statistical reporting requirements.

Home's ***ACTUAL ENROLLMENT DATA*** by racial/ethnic category:

CURRENT ENROLLMENT BY RACIAL/ETHNIC GROUP
(TOTAL MUST EQUAL ITEM 4 ON FRONT OF FORM)

BLACK—NOT OF HISPANIC ORIGIN	HISPANIC	AMERICAN INDIAN/ ALASKAN NATIVE	ASIAN/PACIFIC ISLANDER	WHITE—NOT OF HISPANIC ORIGIN
1		2		3

TIERING DETERMINATION

☐ Tier I (if applicable)

Source of Determination: (Check only one.)
- ☐ School Data
- ☐ Census Data
- ☐ Low Income Verified

Date of Determination: __________

Date Determination Expires: __________

☒ Tier II (if applicable)

Provider's Option Selected: (Check only one.)
- ☒ Option 1: Application to All Children—Distribute Family-Size and Income Applications to all households.
- ☐ Option 2: Categorical Eligibility Targeted Children—Identify categorically eligible households and distribute Family-Size and Income Applications to only those households.
- ☐ Option 3: Straight Tier II—Straight Tier II Rates.

NOTE: Sponsor is required to inform provider of options relating to identifying income-eligible children.

I hereby certify that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that Oklahoma State Department of Education and sponsoring organization officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Signature of Provider *Patty Perfect*		Date 9/20/99
Signature of Organization Representative *Jennifer Jones*	Title *Coordinator*	Date 9/20/99

FDCH-5
(Rev. 5/98)

INITIAL AGREEMENT BETWEEN SPONSORING ORGANIZATION AND FAMILY DAY CARE HOME

For Sponsor Use Only—Sponsoring Organization Must Keep on File in Its Office

INSTRUCTIONS: To be completed in duplicate, signed by the provider, and returned to the sponsoring organization. Sponsoring organization administrator must sign both copies and maintain one on file and return one to the provider.	**HOME AGREEMENT NUMBER** ____________________

This agreement is entered into this ____________ day of __________________, by and between

____________________ of ____________________
(Sponsoring Organization) (Sponsoring Organization's Address)

and ____________________ of ____________________.
(Provider's Name) (Provider's Address)

It specifies the rights and responsibilities of the sponsoring organization and provider as participants in the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP).

RIGHTS AND RESPONSIBILITIES OF SPONSORING ORGANIZATION

In accordance with CACFP regulations, the sponsoring organization agrees to:

1. Make Tier I family day care home (FDCH) determinations based on either elementary school eligibility data or census data for providers who cannot demonstrate that their household income meets the free or reduced-price eligibility standards.

2. Use the most currently available data in making the determination of an FDCH's eligibility as a Tier I FDCH. The determination shall be valid for one year if based on a provider's household income, three years if based on school data, or until more current data is available if based on census data.

3. Change the determination of a Tier I family day care home if information becomes available indicating that an FDCH is no longer in a qualified area.

4. Notify family day care homes qualifying as Tier II homes of their reimbursement options.

5. Be responsible, when requested by a provider qualifying as a Tier II family day care home, for collecting income applications, for determining the eligibility of children, and for maintaining confidentiality of the information collected.

6. Conduct on-site preapproval visit to discuss Program benefits and verify that proposed food service does not exceed the capability of the family day care home. This review must be documented and kept on file.

7. Conduct at least three on-site reviews during the fiscal year. No more than six months shall elapse between reviews. Each review must include a meal analysis where children are present. New family day care homes must have their first review during the first four weeks of Program participation. If provider has been approved for weekend and/or late p.m. supplements, a review must include a visit during each of those times. All reviews must be documented and kept on file.

8. Offer additional training sessions, not less frequently than annually, scheduled at a time and place convenient to providers.

9. Inform all providers of CACFP regulations and policies upon signature of annual agreement. Provide technical assistance upon request to providers.

10. Provide CACFP record-keeping forms to providers.

11. Disburse any reimbursement payments for food service within five working days after receipt from the State Department of Education to any providers in compliance with CACFP Policies/ Regulations.

12. Not charge a fee for services rendered.

13. Assure that all meals claimed for reimbursement are served to enrolled children at no separate charge, regardless of race, color, national origin, sex, age, or disability, and that there is no discrimination in the course of the food service. Meals must meet minimum meal pattern requirements of CACFP regulations.

14. Not make payments for meals of any family day care home approved unless the home has operated at least ten days of meal service in the first claiming month of Program participation.

15. Approve applications for FDCH providers for no more than five days per week unless the sponsoring organization is furnished with justification for additional days and grants prior approval.

16. Not approve meal services between the hours of 10 p.m. and 5 a.m.

17. Provide information concerning the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to FDCH providers and the parents of children enrolled in family day care homes. The WIC information will include: (a) a basic explanation of the benefits and importance of the WIC Program, including information on how benefits may be obtained; and (2) the maximum state income-eligibility standards for the WIC Program according to family size. Each year, the State Agency will send updated WIC information to the sponsoring organization for distribution to FDCH providers.

18. Have the right to terminate this Agreement to participate in the CACFP for cause or convenience.

RIGHTS AND RESPONSIBILITIES OF FAMILY DAY CARE HOME PROVIDER

In order to qualify for reimbursement under this Agreement in conducting the food service in a family day care home, the provider shall:

1. Participate with the sponsoring organization for at least one year. If the family day care home does not complete a year's participation, approval to participate with another sponsoring organization shall not be made until the following fiscal year. An exception may be made if a provider in good standing relocates to an area of the state in which the sponsoring organization does not administer. The sponsoring organization would terminate the provider "for convenience" and keep this documentation in the provider's file.

2. Attend at least one CACFP inservice training session annually, conducted by the sponsoring organization.

3. Operate at least ten days of meal service in the first claiming month of Program participation.

4. Serve and claim meals for reimbursement which meet the minimum meal pattern requirements specified in Schedule B of this Agreement for children aged 1 through 12.

5. Serve and claim meals for reimbursement which meet the infant meal pattern requirements for children under the age of one. These meals must be documented on the Infant Meals Served form.

6. Serve only the meal types specified in its approved application in accordance with the meal pattern requirements. Providers shall not be approved to claim more than two shifts per meal per day.

7. Serve meals at the approved times indicated on the application. The State Department of Education allows a 15-minute leeway ***BEFORE*** or ***AFTER*** the approved beginning meal service time. Three hours shall elapse between the beginning of one main meal service and the next main meal service. At least two hours shall elapse between the beginning of a main meal and a supplement. Suppers shall not be served prior to 5 p.m. or after 8 p.m. Meals served outside of the approved times are not eligible for reimbursement. No meal services are allowed between the hours of 10 p.m. and 5 a.m.

8. Maintain current and accurate CACFP enrollment data on all children eating and being claimed for reimbursement.

9. Supply meals without cost to all children participating in the Child and Adult Care Food Program.

10. Develop a cycle menu for each main meal and supplement served.

11. Not be reimbursed for more than two main meals and one supplement or one main meal and two supplements per child daily. Documentation to ensure that no meals are claimed over the three-meal limit per child daily must be maintained and must reflect arrival and departure times. The record system must reflect the meal service participation for each child for each day that he/she is in attendance.

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12. Have documentation on file and available for individual participating children who are unable, because of medical needs, to consume the required food components. Substitutions for the required components shall be supported by a statement from a recognized medical authority and include recommended alternate foods. If a medical statement is not available, meals lacking the required components cannot be claimed for reimbursement.

13. Claim meals served to the provider's own children only when:

    a. Such children are enrolled and are participating in the CACFP during the time of the meal service.

    b. Enrolled nonresidential children are present and participating during the time of the meal service.

    c. Provider's children have a completed and approved free or reduced-price Family-Size and Income Application (FSIA) on file.

14. Not forbid the availability of the Program as disciplinary action. Meals cannot be used as a reward or as a punishment.

15. Not submit meals for reimbursement served to children who do not have enrollment data and are not participating in the CACFP or for meals served over license capacity. All children participating in the CACFP and claimed ***MUST BE NONRESIDENTIAL*** except for the provider's own children. It is unlawful in the state of Oklahoma for an FDCH provider to also provide foster care to children. ***NONRESIDENTIAL*** means that the same children are not maintained in care for more than 24 hours on a regular basis.

16. Maintain proper sanitation and health standards in the storage, preparation, and service of food in conformance with all applicable state and local laws and regulations, as well as federal guidelines.

17. Receive reimbursement for the types of meals provided to participating children at the rates specified by USDA.

18. Submit necessary documentation for meals served for reimbursement in accordance with procedures established by the State Department of Education and the sponsoring organization.

19. Provide monthly report of average daily attendance and average daily participation.

20. Maintain full and accurate records of the Program, including those set forth in this Agreement, and retain such records for a period of three years after the end of the fiscal year to which they pertain.

21. Upon request, make all records pertaining to the Program ***IMMEDIATELY*** available to the State Department of Education, USDA, and/or the sponsoring organization for audit or administrative review or monitoring review purposes.

22. Allow representatives from the sponsoring organization, the State Department of Education, and USDA access to the home throughout the year for the purpose of reviewing CACFP operations.

23. Inform the sponsoring organization immediately of permanent participation and/or meal charges and changes of license or approval status.

24. Serve meals to all enrolled children regardless of race, color, national origin, sex, age, or disability. There is no discrimination in the course of food service.

25. Provide meal counts and menu records to the sponsoring organization by the ________________ day of the month. Failure to do so may result in the loss of payment.

26. Have three options with regard to how meals served in its family day care home are reimbursed when the provider qualifies as a Tier II home.

    a. ***OPTION 1*** is to have the sponsoring organization distribute income applications to the households of all children enrolled in the family day care home. All meals served to enrolled children who are determined to meet the criteria for free or reduced-price meals are reimbursed at Tier I reimbursement rates. Meals served to enrolled children who are not eligible for free or reduced-price meals, or children from households whose completed income applications are not received, would be reimbursed at the Tier II reimbursement rate.

    b. ***OPTION 2*** allows the providers to elect to have the sponsoring organization identify only those children who are considered categorically eligible by virtue of their participation or their parent's participation in a federally or state-supported program with an income-eligibility limit that does not exceed the standard for free or reduced-price meals. If this option is chosen, the provider would receive the Tier I reimbursement rates for meals served to the categorically eligible children and the Tier II reimbursement rates for meals served to all other children.

    c. ***OPTION 3*** allows the provider to receive Tier II reimbursement for meals served to all children in the family day care home regardless of income. Under this option, the sponsoring organization would not be required to collect any income applications nor would it need to attempt to identify categorically eligible children.

27. Provide information concerning the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to FDCH providers and the parents of children enrolled in family day care homes. The WIC information will include: (a) a basic explanation of the benefits and importance of the WIC Program, including information on how benefits may be obtained; and (2) the maximum state income-eligibility standards for the WIC Program according to family size. Each year, the State Agency will send updated WIC information to the sponsoring organization for distribution to FDCH providers.

28. The provider or the sponsoring organization may terminate this Agreement to participate in the CACFP for cause or convenience.

We certify that the information on this form is true and correct to the best of our knowledge and that we will comply with the rights and responsibilities outlined in this Agreement and any attachments. The provider also certifies that he/she is not participating in the Child and Adult Care Food Program under any other sponsoring organization.

FAILURE TO COMPLY WITH ALL POLICIES MAY RESULT IN LOSS OF REIMBURSEMENT TO, OR TERMINATION OF, THE PROVIDER.

______________________________	______________
Signature of Provider	Date

TO BE COMPLETED BY THE SPONSORING ORGANIZATION:

The following approval has been granted:

a. License Capacity: ____________________ License Expiration Date: ____________________

b. Effective date of Agreement shall be ______________, 19_____, to September 30, 2000.

c. Meal Types:

☐ Breakfast	☐ A.M. Supplement	☐ Lunch
☐ P.M. Supplement	☐ Supper	☐ Late P.M. Supplement

______________________________	____________________	__________
Signature of Sponsoring Organization Representative	Title	Date

PROVIDER RECORD-KEEPING REQUIREMENTS

The provider must keep full and accurate records respecting its food service to serve as a basis for the claim for reimbursement and for audit and review purposes. The records to be maintained include, but are not limited to, the following:

FDCH-9	Enrollment Data (Department of Human Services [DHS] and CACFP)
FDCH-10	Daily Arrival and Departure Record (Attendance Records)
FDCH-11	Daily Record of Meals Served (Recorded daily on a meal-by-meal basis)
FDCH-12	Weekly Meals Served (Recorded daily on a meal-by-meal basis)
FDCH-13	Infant Meals Served, if applicable (Recorded daily on a meal-by-meal basis)
	Menu cycle for each main meal and supplement served
	Child Nutrition (CN) labels/product analysis statements, if applicable
	Medical statements for dietary substitutions, if applicable

EXAMPLE

FDCH-5
(Rev. 5/98)

INITIAL AGREEMENT BETWEEN SPONSORING ORGANIZATION AND FAMILY DAY CARE HOME

For Sponsor Use Only—Sponsoring Organization Must Keep on File in Its Office

INSTRUCTIONS: To be completed in duplicate, signed by the provider, and returned to the sponsoring organization. Sponsoring organization administrator must sign both copies and maintain one on file and return one to the provider.

HOME AGREEMENT NUMBER

09

This agreement is entered into this first day of October 1999, by and between

Big Bucks CAP (Sponsoring Organization) of 112 Fastlane Drive, Anywhere, OK 78910 (Sponsoring Organization's Address)

and Patty Perfect (Provider's Name) of 100 Sunnylane, Big Hill, OK 71234 (Provider's Address).

It specifies the rights and responsibilities of the sponsoring organization and provider as participants in the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP).

RIGHTS AND RESPONSIBILITIES OF SPONSORING ORGANIZATION

In accordance with CACFP regulations, the sponsoring organization agrees to:

1. Make Tier I family day care home (FDCH) determinations based on either elementary school eligibility data or census data for providers who cannot demonstrate that their household income meets the free or reduced-price eligibility standards.

2. Use the most currently available data in making the determination of an FDCH's eligibility as a Tier I FDCH. The determination shall be valid for one year if based on a provider's household income, three years if based on school data, or until more current data is available if based on census data.

3. Change the determination of a Tier I family day care home if information becomes available indicating that an FDCH is no longer in a qualified area.

4. Notify family day care homes qualifying as Tier II homes of their reimbursement options.

5. Be responsible, when requested by a provider qualifying as a Tier II family day care home, for collecting income applications, for determining the eligibility of children, and for maintaining confidentiality of the information collected.

6. Conduct on-site preapproval visit to discuss Program benefits and verify that proposed food service does not exceed the capability of the family day care home. This review must be documented and kept on file.

7. Conduct at least three on-site reviews during the fiscal year. No more than six months shall elapse between reviews. Each review must include a meal analysis where children are present. New family day care homes must have their first review during the first four weeks of Program participation. If provider has been approved for weekend and/or late p.m. supplements, a review must include a visit during each of those times. All reviews must be documented and kept on file.

8. Offer additional training sessions, not less frequently than annually, scheduled at a time and place convenient to providers.

9. Inform all providers of CACFP regulations and policies upon signature of annual agreement. Provide technical assistance upon request to providers.

10. Provide CACFP record-keeping forms to providers.

11. Disburse any reimbursement payments for food service within five working days after receipt from the State Department of Education to any providers in compliance with CACFP Policies/ Regulations.

12. Not charge a fee for services rendered.

13. Assure that all meals claimed for reimbursement are served to enrolled children at no separate charge, regardless of race, color, national origin, sex, age, or disability, and that there is no discrimination in the course of the food service. Meals must meet minimum meal pattern requirements of CACFP regulations.

14. Not make payments for meals of any family day care home approved unless the home has operated at least ten days of meal service in the first claiming month of Program participation.

15. Approve applications for FDCH providers for no more than five days per week unless the sponsoring organization is furnished with justification for additional days and grants prior approval.

16. Not approve meal services between the hours of 10 p.m. and 5 a.m.

17. Provide information concerning the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to FDCH providers and the parents of children enrolled in family day care homes. The WIC information will include: (a) a basic explanation of the benefits and importance of the WIC Program, including information on how benefits may be obtained; and (b) the maximum state income-eligibility standards for the WIC Program according to family size. Each year, the State Agency will send updated WIC information to the sponsoring organization for distribution to FDCH providers.

18. Have the right to terminate this Agreement to participate in the CACFP for cause or convenience.

RIGHTS AND RESPONSIBILITIES OF FAMILY DAY CARE HOME PROVIDER

In order to qualify for reimbursement under this Agreement in conducting the food service in a family day care home, the provider shall:

1. Participate with the sponsoring organization for at least one year. If the family day care home does not complete a year's participation, approval to participate with another sponsoring organization shall not be made until the following fiscal year. An exception may be made if a provider in good standing relocates to an area of the state in which the sponsoring organization does not administer. The sponsoring organization would terminate the provider "for convenience" and keep this documentation in the provider's file.

2. Attend at least one CACFP inservice training session annually, conducted by the sponsoring organization.

3. Operate at least ten days of meal service in the first claiming month of Program participation.

4. Serve and claim meals for reimbursement which meet the minimum meal pattern requirements specified in Schedule B of this Agreement for children aged 1 through 12.

5. Serve and claim meals for reimbursement which meet the infant meal pattern requirements for children under the age of one. These meals must be documented on the Infant Meals Served form.

6. Serve only the meal types specified in its approved application in accordance with the meal pattern requirements. Providers shall not be approved to claim more than two shifts per meal per day.

7. Serve meals at the approved times indicated on the application. The State Department of Education allows a 15-minute leeway ***BEFORE*** or ***AFTER*** the approved beginning meal service time. Three hours shall elapse between the beginning of one main meal service and the next main meal service. At least two hours shall elapse between the beginning of a main meal and a supplement. Suppers shall not be served prior to 5 p.m. or after 8 p.m. Meals served outside of the approved times are not eligible for reimbursement. No meal services are allowed between the hours of 10 p.m. and 5 a.m.

8. Maintain current and accurate CACFP enrollment data on all children eating and being claimed for reimbursement.

9. Supply meals without cost to all children participating in the Child and Adult Care Food Program.

10. Develop a cycle menu for each main meal and supplement served.

11. Not be reimbursed for more than two main meals and one supplement or one main meal and two supplements per child daily. Documentation to ensure that no meals are claimed over the three-meal limit per child daily must be maintained and must reflect arrival and departure times. The record system must reflect the meal service participation for each child for each day that he/she is in attendance.

12. Have documentation on file and available for individual participating children who are unable, because of medical needs, to consume the required food components. Substitutions for the required components shall be supported by a statement from a recognized medical authority and *include recommended alternate foods. If a medical statement is not available, meals lacking the* required components cannot be claimed for reimbursement.

13. Claim meals served to the provider's own children only when:

    a. Such children are enrolled and are participating in the CACFP during the time of the meal service.

    b. Enrolled nonresidential children are present and participating during the time of the meal service.

    c. Provider's children have a completed and approved free or reduced-price Family-Size and Income Application (FSIA) on file.

14. Not forbid the availability of the Program as disciplinary action. Meals cannot be used as a reward or as a punishment.

15. Not submit meals for reimbursement served to children who do not have enrollment data and are not participating in the CACFP or for meals served over license capacity. All children participating in the CACFP and claimed ***MUST BE NONRESIDENTIAL*** except for the provider's own children. It is unlawful in the state of Oklahoma for an FDCH provider to also provide foster care to children. ***NONRESIDENTIAL*** means that the same children are not maintained in care for more than 24 hours on a regular basis.

16. Maintain proper sanitation and health standards in the storage, preparation, and service of food in conformance with all applicable state and local laws and regulations, as well as federal guidelines.

17. Receive reimbursement for the types of meals provided to participating children at the rates specified by USDA.

18. Submit necessary documentation for meals served for reimbursement in accordance with procedures established by the State Department of Education and the sponsoring organization.

19. Provide monthly report of average daily attendance and average daily participation.

20. Maintain full and accurate records of the Program, including those set forth in this Agreement, and retain such records for a period of three years after the end of the fiscal year to which they pertain.

21. Upon request, make all records pertaining to the Program ***IMMEDIATELY*** available to the State Department of Education, USDA, and/or the sponsoring organization for audit or administrative review or monitoring review purposes.

22. Allow representatives from the sponsoring organization, the State Department of Education, and USDA access to the home throughout the year for the purpose of reviewing CACFP operations.

23. Inform the sponsoring organization immediately of permanent participation and/or meal charges and changes of license or approval status.

24. Serve meals to all enrolled children regardless of race, color, national origin, sex, age, or disability. There is no discrimination in the course of food service.

25. Provide meal counts and menu records to the sponsoring organization by the third day of the month. Failure to do so may result in the loss of payment.

26. Have three options with regard to how meals served in its family day care home are reimbursed when the provider qualifies as a Tier II home.

    a. ***OPTION 1*** is to have the sponsoring organization distribute income applications to the households of all children enrolled in the family day care home. All meals served to enrolled children who are determined to meet the criteria for free or reduced-price meals are reimbursed at Tier I reimbursement rates. Meals served to enrolled children who are not eligible for free or reduced-price meals, or children from households whose completed income applications are not received, would be reimbursed at the Tier II reimbursement rate.

    b. ***OPTION 2*** allows the providers to elect to have the sponsoring organization identify only those children who are considered categorically eligible by virtue of their participation or their parent's participation in a federally or state-supported program with an income-eligibility limit that does not exceed the standard for free or reduced-price meals. If this option is chosen, the provider would receive the Tier I reimbursement rates for meals served to the categorically eligible children and the Tier II reimbursement rates for meals served to all other children.

    c. ***OPTION 3*** allows the provider to receive Tier II reimbursement for meals served to all children in the family day care home regardless of income. Under this option, the sponsoring organization would not be required to collect any income applications nor would it need to attempt to identify categorically eligible children.

27. Provide information concerning the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to FDCH providers and the parents of children enrolled in family day care homes. The WIC information will include: (a) a basic explanation of the benefits and importance of the WIC Program, including information on how benefits may be obtained; and (b) the maximum state income-eligibility standards for the WIC Program according to family size. Each year, the State Agency will send updated WIC information to the sponsoring organization for distribution to FDCH providers.

28. The provider or the sponsoring organization may terminate this Agreement to participate in the CACFP for cause or convenience.

FDCH-5
(Rev. 5/98)

We certify that the information on this form is true and correct to the best of our knowledge and that we will comply with the rights and responsibilities outlined in this Agreement and any attachments. The provider also certifies that he/she is not participating in the Child and Adult Care Food Program under any other sponsoring organization.

FAILURE TO COMPLY WITH ALL POLICIES MAY RESULT IN LOSS OF REIMBURSEMENT TO, OR TERMINATION OF, THE PROVIDER.

Patty Perfect	9/20/99
Signature of Provider	Date

TO BE COMPLETED BY THE SPONSORING ORGANIZATION:

The following approval has been granted:

a. License Capacity: 7 License Expiration Date: 1/3/2001

b. Effective date of Agreement shall be October 1, 19 99, to September 30, 2000.

c. Meal Types:

☒ Breakfast ☐ A.M. Supplement ☒ Lunch

☒ P.M. Supplement ☐ Supper ☐ Late P.M. Supplement

Sam Banks	Executive Director	9/20/99
Signature of Sponsoring Organization Representative	Title	Date

PROVIDER RECORD-KEEPING REQUIREMENTS

The provider must keep full and accurate records respecting its food service to serve as a basis for the claim for reimbursement and for audit and review purposes. The records to be maintained include, but are not limited to, the following:

FDCH-9	Enrollment Data (Department of Human Services [DHS] and CACFP)
FDCH-10	Daily Arrival and Departure Record (Attendance Records)
FDCH-11	Daily Record of Meals Served (Recorded daily on a meal-by-meal basis)
FDCH-12	Weekly Meals Served (Recorded daily on a meal-by-meal basis)
FDCH-13	Infant Meals Served, if applicable (Recorded daily on a meal-by-meal basis)
	Menu cycle for each main meal and supplement served
	Child Nutrition (CN) labels/product analysis statements, if applicable
	Medical statements for dietary substitutions, if applicable

PROVIDER RENEWAL APPLICATION AND AGREEMENT

FDCH-5
(Rev 8/98)

RENEWAL AGREEMENT/AMENDMENT BETWEEN SPONSORING ORGANIZATION AND FAMILY DAY CARE HOME

For Sponsor Use Only—Sponsor Must Keep on File in Its Office

INSTRUCTIONS: To be completed in duplicate, signed by the provider, and returned to the sponsoring organization. Sponsoring organization administrator must sign both copies and maintain one on file and return one copy to the provider.

HOME AGREEMENT NUMBER

____

This Renewal Agreement/Amendment is entered into this ____________ day of ____________, by and between

______________________________ of ______________________________
(Sponsoring Organization) (Sponsoring Organization's Address)

and ______________________________ of ______________________________
(Provider's Name) (Provider's Address)

Information concerning the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) will be provided to FDCH providers and the parents of children enrolled in family day care homes. The WIC information will include: (1) a basic explanation of the benefits and importance of the WIC Program, including information on how benefits may be obtained; and (2) the maximum state income-eligibility standards for the WIC Program according to family size. Each year, the State Agency will send updated WIC information to the sponsoring organization for distribution to FDCH providers.

We certify that the provider application on file with the sponsoring organization is true and current. Any changes in approved meals, service times, etc., have been or will be updated as necessary.

______________________________ ______________________________
(Signature of Provider) (Date)

TO BE COMPLETED BY SPONSORING ORGANIZATION

The following approval has been granted:

a. Effective date of Renewal Agreement/Amendment shall be ____________________, 19______, to September 30, 2000.

b. Meal types:

☐ Breakfast
☐ P.M. Supplement
☐ A.M. Supplement
☐ Supper
☐ Lunch
☐ Late P.M. Supplement

______________________________ ____________________ ____________________
(Signature of Sponsoring Organization Representative) (Title) (Date)

FDCH-5
(Rev 8/98)

EXAMPLE

RENEWAL AGREEMENT/AMENDMENT BETWEEN SPONSORING ORGANIZATION AND FAMILY DAY CARE HOME

For Sponsor Use Only—Sponsor Must Keep on File in Its Office

INSTRUCTIONS: To be completed in duplicate, signed by the provider, and returned to the sponsoring organization. Sponsoring organization administrator must sign both copies and maintain one on file and return one copy to the provider.

HOME AGREEMENT NUMBER

09

This Renewal Agreement/Amendment is entered into this 1st day of October 1999, by and between

BIG BUCKS CAP (Sponsoring Organization) of 112 FASTLANE DRIVE, ANYWHERE, OK 78910 (Sponsoring Organization's Address)

and PATTY PERFECT (Provider's Name) of 100 SUNNYLANE, BIG HILL, OK 71234 (Provider's Address)

Information concerning the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) will be provided to FDCH providers and the parents of children enrolled in family day care homes. The WIC information will include: (1) a basic explanation of the benefits and importance of the WIC Program, including information on how benefits may be obtained; and (2) the maximum state income-eligibility standards for the WIC Program according to family size. Each year, the State Agency will send updated WIC information to the sponsoring organization for distribution to FDCH providers.

We certify that the provider application on file with the sponsoring organization is true and current. Any changes in approved meals, service times, etc., have been or will be updated as necessary.

Patty Perfect (Signature of Provider)
9/21/99 (Date)

TO BE COMPLETED BY SPONSORING ORGANIZATION

The following approval has been granted:

a. Effective date of Renewal Agreement/Amendment shall be October 1, 19 99, to September 30, 2000.

b. Meal types:

☒ Breakfast ☐ A.M. Supplement ☒ Lunch
☒ P.M. Supplement ☐ Supper ☐ Late P.M. Supplement

Jennifer Jones (Signature of Sponsoring Organization Representative)
Coordinator (Title)
9/21/99 (Date)

FDCH-4D
(Rev. 3/99)

LETTER TO HOUSEHOLD
(July 1, 1999—June 30, 2000)

Dear Household:

The purpose of the enclosed application is to determine the level of reimbursement rates your family day care home (FDCH) is to receive for meals served to enrolled children. The rates of reimbursement are classified as Tier I, which are the higher rates, and Tier II, which are the lower rates of reimbursement. The assigned rates are dependent upon the income of your household. Please complete the Family-Size and Income Application (FSIA), using the application instructions, and return the form to the sponsoring organization.

NOTE TO PARENT: Return the application to the sponsoring organization listed below, ***NOT*** to your family day care home provider. If you have a foster child living with you, that child is considered to be a household of ***ONE*** and only the *personal use* income given to the child (if any) should be reported as income on the application. Contact the sponsoring organization for further assistance.

Note to Provider: Only providers who qualify for Tier I reimbursement may claim meals served to their own children. All information on the Family-Size and Income Application must be verified. Providers are required to provide documentation of income to the sponsoring organization before Tier I reimbursement rates can be assigned.

ELIGIBILITY SCALE FOR TIER I

HOUSEHOLD SIZE	*INCOME*		
	Yearly	**Monthly**	**Weekly**
1	$ 15,244	$ 1,271	$ 294
2	20,461	1,706	394
3	25,678	2,140	494
4	30,895	2,575	595
5	36,112	3,010	695
6	41,329	3,445	795
7	46,546	3,879	896
8	51,763	4,314	996

For each additional family member, add $5,217 to the yearly income.

CHANGE IN FAMILY STATUS/INCOME: You must notify the sponsoring organization when your household income increases by $50 or more per month ($600 per year) or when your household size decreases.

FOOD STAMP/TANF/FDPIR HOUSEHOLDS: If you currently receive food stamps, "Temporary Assistance for Needy Families" (TANF), or "Food Distribution Program on Indian Reservations" (FDPIR) for your children, list your children's names, the applicable case number for the program, and sign the application. If you list a food stamp number, TANF case number, or FDPIR case number, you must notify the sponsoring organization when you no longer participate in these programs.

NONDISCRIMINATION: In the operation of Child Nutrition Programs, no child will be discriminated against because of race, sex, color, national origin, age, or disability. If you believe you have been discriminated against, write immediately to the State Department of Education Child Nutrition Programs, 2500 North Lincoln Boulevard, Oklahoma City, Oklahoma 73105-4599.

CONFIDENTIALITY: The information you provide will be treated confidentially. It will be used only for the purpose of targeting reimbursement rates appropriately to food program participants.

REAPPLICATION: You may submit a Family-Size and Income Application again if your family size or income changes. Contact the sponsoring organization for another application.

Your submission of this application in a timely manner is greatly appreciated. If you have any questions or need assistance completing the form, please contact us.

Sincerely,

250

Sponsoring Organization: ________________
Address: ________________

____
Name and Title of Sponsoring Organization Representative

Phone Number: ________________

FDCH-4B
(Rev. 4/99)

2000 FISCAL YEAR CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE AND INCOME APPLICATION
FOR FAMILY DAY CARE HOMES (FDCH)

FOR SPONSOR USE ONLY:

1. Indicate type of application: ☐ Provider ☐ Parent/Guardian

2. Provider's Name: ______________________ Agreement Number: __________

3. Print ***CHILD'S NAME*** (First and Last).

4. List each child's ***FOOD STAMP, TANF[1], OR FDPIR[2] case number***, if any.

NAME	FOOD STAMP NUMBER	*OR*	TANF NUMBER	*OR*	FDPIR NUMBER

4a. ***Expanded Categorical Eligibility***
TIER II HOMES ONLY

- ☐ WIC[3]
- ☐ Head Start
- ☐ Title XX
- ☐ Energy Program (LIHEAP)
- ☐ Refugee Assistance
- ☐ NSLP/SBP[4]
- ☐ Commodity Supplemental Food Program
- ☐ Child Care Development Fund

5. ***FOSTER CHILD:*** List the child's monthly ***personal use*** income. Write ***0*** if the child had no ***personal use*** income. $ ________

6. ***HOUSEHOLD MEMBERS AND MONTHLY INCOME:*** If you indicated that you are a participant in Item 4 or 4a, skip to Item 7.

NAMES OF HOUSEHOLD MEMBERS	Gross MONTHLY Earnings (Before Deductions)		MONTHLY Welfare Payments, Child Support, Alimony	MONTHLY Payments From Pensions, Retirement, Social Security	Any Other MONTHLY Income
	Job 1	Job 2			
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$

7. ***SIGNATURE AND SOCIAL SECURITY NUMBER:*** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds, that institution officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

X ______________________________ X ______________________
Signature of Adult Household Member / Social Security Number* (See information on back of form)

Home Phone Number: __________ Work Phone Number: __________ Printed Name: __________

Street/Apt. Number: __________ City/State/Zip: __________ Date: __________

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[1] Temporary Assistance for Needy Families

[2] Food Distribution Program on Indian Reservations

[3] Women, Infants, and Children

[4] National School Lunch Program/School Breakfast Program

Oklahoma State Department of Education May 1999

8. ***RACE:*** Please check the racial or ethnic identity of the enrollee. You are not required to answer this question.

White, not Hispanic ☐ Black, not Hispanic ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native ☐

9. **OTHER BENEFITS:** You do not have to complete this part to get free meals.

Health Insurance ☐ Yes, I want health insurance for my children. The sponsoring organization may give information from my Family-Size and Income Application to the free Sooner Care Health Benefits officials so that they can send me information about free or low-cost health insurance for my children.

I understand that I will be releasing information that will show that I applied for free meals for my children. I give up my rights to confidentiality for this purpose only.

I certify that I am the parent/guardian of the children for whom applications are being made.

Signature of Parent/Guardian: ______________________ Date: __________

PRIVACY STATEMENT: Federal law (P.L. 97-35) requires that, unless your child's food stamp, TANF, or FDPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out our efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations, and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamp or TANF or FDPIR benefits, contacting the State Employment Security Office to determine the amount of benefits received, and checking the documentation provided by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. **Your social security number may be released for children's health insurance benefits if the box in Part 9 is checked *Yes*.**

10. **FOR INSTITUTION USE ONLY** **DO NOT WRITE BELOW THIS LINE**

MONTHLY INCOME CONVERSION ***WEEKLY x 4.33*** ***EVERY 2 WEEKS x 2.15*** ***TWICE MONTHLY x 2***

TOTAL HOUSEHOLD SIZE: __________ TOTAL MONTHLY INCOME: __________

Food Stamp ☐ TANF ☐ FDPIR ☐ Foster Child ☐

EXPANDED CATEGORICAL ELIGIBILITY: __________

ELIGIBILITY DETERMINATION: Approved Tier I ☐ Approved Tier II ☐

REASON FOR INELIGIBILITY: Income Too High ☐ Incomplete Application ☐ Other: __________

SIGNATURE OF DETERMINING OFFICIAL: __________

APPROVAL/VERIFICATION DATE: __________

SDE/Auditor Comments: __________

APPLICATION INSTRUCTIONS

SPONSOR ONLY: COMPLETE THESE ITEMS BEFORE DISTRIBUTING TO APPLICANT

1. Type of applicant: Indicate type of applicant by checking if applicant is a provider or a parent or guardian of an enrolled child.
2. Write in the name of the family day care home provider. Write in the provider number which has been issued to the provider.
3. Write in the full name of the child/children enrolled in the family day care home.
10. When the completed application is returned to the sponsoring organization, assess the information and categorize accordingly. If it is a provider application, verification procedures must be followed.

FOR ALL APPLICANTS: Complete the application using the instructions applicable to your household. Sign the application, and return the application to the sponsoring organization. If you are a family day care home provider, you will be asked to provide documentation of your income. Call the sponsoring organization if you need assistance.

3. CHILD INFORMATION: All households complete this item. Print the first and last names of the children enrolled in the family day care home.

4. HOUSEHOLDS CURRENTLY RECEIVING FOOD STAMPS, "TEMPORARY ASSISTANCE FOR NEEDY FAMILIES" (TANF), OR "FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS" (FDPIR): Complete this item and Item 7. List current food stamp, TANF, or FDPIR case number for each child. Skip Item 6. An adult household member must sign the application in Item 7. A social security number is not required.

4a. EXPANDED CATEGORICAL ELIGIBILITY: For parent/guardian to complete, if applicable. Indicate by checking if household participates in any of the listed programs. Skip Item 6. An adult household member must sign the application in Item 7.

5. HOUSEHOLDS WITH A FOSTER CHILD: (Parent or guardian households only) Complete this item and Item 8. List the foster child's monthly "personal use" income. Write "0" if the foster child does not get "personal use" income. Skip Item 6. A foster parent or other official representing the child must sign the application in Item 7. A social security number is not required.

6. ALL OTHER HOUSEHOLDS: Complete this item and Item 7. Write the names of everyone in your household, whether they receive income or not. Include yourself, the child you are applying for, all other children, your spouse, grandparents, and other related or unrelated persons in your household. Write the amount of income each household member received last month before taxes or other deductions. Record the income under the appropriate source, such as earnings, welfare pensions, and other income. If any income last month was more or less than usual, write that person's usual monthly income. Some examples of income are listed below. Note: For self-employed persons (including family day care home providers), use net income instead of gross income. Contact the sponsoring organization if you need assistance in determining net income. An adult household member must sign the application in Item 8 and list his/her social security number.

7. SIGNATURE AND SOCIAL SECURITY NUMBER: All households complete this part. All applications must have the signature of an adult household member and the social security number of the adult signing the application. If the adult who signs does not have a social security number, write "none." If you listed a food stamp, TANF, or FDPIR case number in Item 4 or indicated participation in a program listed in Item 4a, a social security number is not required.

8. RACIAL/ETHNIC IDENTITY: Complete the racial/ethnic question if you wish. You are not required to answer this question. This information is used to assure all children are treated fairly.

9. OTHER BENEFITS: You may be eligible for free or low-cost health insurance for your children. Look at Part 9 on the back of the Family-Size and Income Application. You are not required to complete this to get meal benefits.

10. INSTITUTION/SPONSOR ONLY: Review the information on the application, and complete. See note above in *SPONSOR ONLY* box.

INCOME TO REPORT

EARNINGS FROM WORK

Wages/Salaries/Tips
Strike Benefits
Unemployment Compensation
Worker's Compensation
Welfare/Child Support/Alimony
Public Assistance Payments
Welfare Payments
Net Income From Self-Owned Business

PENSIONS/RETIREMENT/SOCIAL SECURITY

Pensions
Supplemental Security Income
Retirement Income
Veteran's Payments
Social Security

OTHER INCOME

Disability Benefits
Cash Withdrawn From Savings
Interest/Dividends
Income From Estates/Trusts/Investments
Regular Contribution From Persons Not Living in the Household
Net Royalties/Annuities/Net Rental Income
Any Other Income

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FDCH-4B
(Rev. 4/99)

EXAMPLE

2000 FISCAL YEAR CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE AND INCOME APPLICATION
FOR FAMILY DAY CARE HOMES (FDCH)

FOR SPONSOR USE ONLY:

1. Indicate type of application: ☒ Provider ☐ Parent/Guardian

2. Provider's Name: PATTY PERFECT Agreement Number: 09

3. Print ***CHILD'S NAME*** (First and Last). 4. List each child's ***FOOD STAMP, TANF[1], OR FDPIR[2] case number***, if any.

NAME	FOOD STAMP NUMBER	*or* TANF NUMBER	*or* FDPIR NUMBER
PENNY PERFECT			
PAM PERFECT			

4a. ***Expanded Categorical Eligibility***
TIER II HOMES ONLY

- ☐ WIC[3]
- ☐ Head Start
- ☐ Title XX
- ☐ Energy Program (LIHEAP)
- ☐ Refugee Assistance
- ☐ NSLP/SBP[4]
- ☐ Commodity Supplemental Food Program
- ☐ Child Care Development Fund

5. ***FOSTER CHILD:*** List the child's monthly ***personal use*** income. Write ***0*** if the child had no ***personal use*** income. $ ______

6. ***HOUSEHOLD MEMBERS AND MONTHLY INCOME:*** If you indicated that you are a participant in Item 4 or 4a, skip to Item 7.

NAMES OF HOUSEHOLD MEMBERS	Gross MONTHLY Earnings (Before Deductions) Job 1	Gross MONTHLY Earnings (Before Deductions) Job 2	MONTHLY Welfare Payments, Child Support, Alimony	MONTHLY Payments From Pensions, Retirement, Social Security	Any Other MONTHLY Income
PATTY PERFECT	$	$ 1000.00	$	$	$
PAUL PERFECT	$ 2200.00	$	$	$	$
PENNY PERFECT	$	$	$	$	$
PAM PERFECT	$	$	$	$	$
	$	$	$	$	$

7. ***SIGNATURE AND SOCIAL SECURITY NUMBER:*** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds, that institution officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

X Patty Perfect
Signature of Adult Household Member

X 445-23-8342
Social Security Number* (See information on back of form)

Home Phone Number: 405/222-9876 Work Phone Number: Same Printed Name: PATTY PERFECT

Street/Apt. Number: 100 SUNNYLANE City/State/Zip: BIG HILL, OK 71234 Date: 9/20/99

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[1] Temporary Assistance for Needy Families

[2] Food Distribution Program on Indian Reservations

[3] Women, Infants, and Children

[4] National School Lunch Program/School Breakfast Program

Oklahoma State Department of Education May 1999

8. ***RACE:*** Please check the racial or ethnic identity of the enrollee. You are not required to answer this question.

White, not Hispanic ☑ Black, not Hispanic ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native ☐

9. **OTHER BENEFITS:** You do not have to complete this part to get free meals.

Health Insurance ☐ Yes, I want health insurance for my children. The Sponsoring Organization may give information from my Family-Size and Income Application to the free Sooner Care Health Benefits officials so that they can send me information about free or low-cost health insurance for my children.

I understand that I will be releasing information that will show that I applied for free meals for my children. I give up my rights to confidentiality for this purpose only.

I certify that I am the parent/guardian of the children for whom applications are being made.

Signature of Parent/Guardian: ______________________ Date: ______________

PRIVACY STATEMENT: Federal law (P.L. 97-35) requires that, unless your child's food stamp, TANF, or FDPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out our efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations, and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamp or TANF or FDPIR benefits, contacting the State Employment Security Office to determine the amount of benefits received, and checking the documentation provided by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. **Your social security number may be released for children's health insurance benefits if the box in Part 9 is checked *Yes*.**

10. **FOR INSTITUTION USE ONLY** **DO NOT WRITE BELOW THIS LINE**

MONTHLY INCOME CONVERSION ***WEEKLY x 4.33*** ***EVERY 2 WEEKS x 2.15*** ***TWICE MONTHLY x 2***

TOTAL HOUSEHOLD SIZE: 4 TOTAL MONTHLY INCOME: 3200.00

Food Stamp ☐ TANF ☐ FDPIR ☐ Foster Child ☐

EXPANDED CATEGORICAL ELIGIBILITY: ______________________

ELIGIBILITY DETERMINATION: Approved Tier I ☐ Approved Tier II ☒

REASON FOR INELIGIBILITY: Income Too High ☒ Incomplete Application ☐ Other: ______________

SIGNATURE OF DETERMINING OFFICIAL: Sam Banks

APPROVAL/VERIFICATION DATE: 9/25/99

SDE/Auditor Comments: ______________________

APPLICATION INSTRUCTIONS

SPONSOR ONLY: COMPLETE THESE ITEMS BEFORE DISTRIBUTING TO APPLICANT

1. Type of applicant: Indicate type of applicant by checking if applicant is a provider or a parent or guardian of an enrolled child.
2. Write in the name of the family day care home provider. Write in the provider number which has been issued to the provider.
3. Write in the full name of the child/children enrolled in the family day care home.
10. When the completed application is returned to the sponsoring organization, assess the information and categorize accordingly. If it is a provider application, verification procedures must be followed.

FOR ALL APPLICANTS: Complete the application using the instructions applicable to your household. Sign the application, and return the application to the sponsoring organization. If you are a family day care home provider, you will be asked to provide documentation of your income. Call the sponsoring organization if you need assistance.

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3. CHILD INFORMATION: All households complete this item. Print the first and last names of the children enrolled in the family day care home.

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4. HOUSEHOLDS CURRENTLY RECEIVING FOOD STAMPS, "TEMPORARY ASSISTANCE FOR NEEDY FAMILIES" (TANF), OR "FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS" (FDPIR): Complete this item and Item 7. List current food stamp, TANF, or FDPIR case number for each child. Skip Item 6. An adult household member must sign the application in Item 7. A social security number is not required.

4a. EXPANDED CATEGORICAL ELIGIBILITY: For parent/guardian to complete, if applicable. Indicate by checking if household participates in any of the listed programs. Skip Item 6. An adult household member must sign the application in Item 7.

---

5. HOUSEHOLDS WITH A FOSTER CHILD: (Parent or guardian households only) Complete this item and Item 8. List the foster child's monthly "personal use" income. Write "0" if the foster child does not get "personal use" income. Skip Item 6. A foster parent or other official representing the child must sign the application in Item 7. A social security number is not required.

---

6. ALL OTHER HOUSEHOLDS: Complete this item and Item 7. Write the names of everyone in your household, whether they receive income or not. Include yourself, the child you are applying for, all other children, your spouse, grandparents, and other related or unrelated persons in your household. Write the amount of income each household member received last month before taxes or other deductions. Record the income under the appropriate source, such as earnings, welfare pensions, and other income. If any income last month was more or less than usual, write that person's usual monthly income. Some examples of income are listed below. Note: For self-employed persons (including family day care home providers), use net income instead of gross income. Contact the sponsoring organization if you need assistance in determining net income. An adult household member must sign the application in Item 8 and list his/her social security number.

---

7. SIGNATURE AND SOCIAL SECURITY NUMBER: All households complete this part. All applications must have the signature of an adult household member and the social security number of the adult signing the application. If the adult who signs does not have a social security number, write "none." If you listed a food stamp, TANF, or FDPIR case number in Item 4 or indicated participation in a program listed in Item 4a, a social security number is not required.

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8. RACIAL/ETHNIC IDENTITY: Complete the racial/ethnic question if you wish. You are not required to answer this question. This information is used to assure all children are treated fairly.

---

9. OTHER BENEFITS: You may be eligible for free or low-cost health insurance for your children. Look at Part 9 on the back of the Family-Size and Income Application. You are not required to complete this to get meal benefits.

---

10. INSTITUTION/SPONSOR ONLY: Review the information on the application, and complete. See note above in *SPONSOR ONLY* box.

INCOME TO REPORT

EARNINGS FROM WORK

- Wages/Salaries/Tips
- Strike Benefits
- Unemployment Compensation
- Worker's Compensation
- Welfare/Child Support/Alimony
- Public Assistance Payments
- Welfare Payments
- Net Income From Self-Owned Business

PENSIONS/RETIREMENT/SOCIAL SECURITY

- Pensions
- Supplemental Security Income
- Retirement Income
- Veteran's Payments
- Social Security

OTHER INCOME

- Disability Benefits
- Cash Withdrawn From Savings
- Interest/Dividends
- Income From Estates/Trusts/Investments
- Regular Contribution From Persons Not Living in the Household
- Net Royalties/Annuities/Net Rental Income
- Any Other Income

FDCH-4B
(Rev. 4/99)

EXAMPLE

2000 FISCAL YEAR CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE AND INCOME APPLICATION
FOR FAMILY DAY CARE HOMES (FDCH)

FOR SPONSOR USE ONLY:

1. Indicate type of application: ☐ Provider ☒ Parent/Guardian

2. Provider's Name: PATTY PERFECT Agreement Number: 09

3. Print ***CHILD'S NAME*** (First and Last).

4. List each child's ***FOOD STAMP, TANF[1], OR FDPIR[2] case number***, if any.

NAME	FOOD STAMP NUMBER	*OR* TANF NUMBER	*OR* FDPIR NUMBER
TONE SMITH			

4a. ***Expanded Categorical Eligibility TIER II HOMES ONLY***

- ☐ WIC[3]
- ☒ Head Start
- ☐ Title XX
- ☐ Energy Program (LIHEAP)
- ☐ Refugee Assistance
- ☐ NSLP/SBP[4]
- ☐ Commodity Supplemental Food Program
- ☐ Child Care Development Fund

5. ***FOSTER CHILD:*** List the child's monthly ***personal use*** income. Write ***0*** if the child had no ***personal use*** income. $ ______

6. ***HOUSEHOLD MEMBERS AND MONTHLY INCOME:*** If you indicated that you are a participant in Item 4 or 4a, skip to Item 7.

NAMES OF HOUSEHOLD MEMBERS	Gross MONTHLY Earnings (Before Deductions) Job 1	Gross MONTHLY Earnings (Before Deductions) Job 2	MONTHLY Welfare Payments, Child Support, Alimony	MONTHLY Payments From Pensions, Retirement, Social Security	Any Other MONTHLY Income
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$

7. ***SIGNATURE AND SOCIAL SECURITY NUMBER:*** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds, that institution officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

X Sydney Smith
Signature of Adult Household Member

X ______
Social Security Number* (See information on back of form)

Home Phone Number: 421-0393 Work Phone Number: 421-1997 Printed Name: SYDNEY SMITH

Street/Apt. Number: ______ City/State/Zip: ______ Date: 10/2/99

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[1] Temporary Assistance for Needy Families

[2] Food Distribution Program on Indian Reservations

[3] Women, Infants, and Children

[4] National School Lunch Program/School Breakfast Program

Oklahoma State Department of Education May 1999

8. *RACE:* Please check the racial or ethnic identity of the enrollee. You are not required to answer this question.

White, not Hispanic ☐ Black, not Hispanic ☒ Hispanic ☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native ☐

9. **OTHER BENEFITS:** You do not have to complete this part to get free meals.

Health Insurance ☐ Yes, I want health insurance for my children. The sponsoring organization may give information from my Family-Size and Income Application to the free Sooner Care Health Benefits officials so that they can send me information about free or low-cost health insurance for my children.

I understand that I will be releasing information that will show that I applied for free meals for my children. I give up my rights to confidentiality for this purpose only.

I certify that I am the parent/guardian of the children for whom applications are being made.

Signature of Parent/Guardian: ________________ Date: ________

PRIVACY STATEMENT: Federal law (P.L. 97-35) requires that, unless your child's food stamp, TANF, or FDPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out our efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations, and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamp or TANF or FDPIR benefits, contacting the State Employment Security Office to determine the amount of benefits received, and checking the documentation provided by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. **Your social security number may be released for children's health insurance benefits if the box in Part 9 is checked *Yes*.**

10. **FOR INSTITUTION USE ONLY** **DO NOT WRITE BELOW THIS LINE**

MONTHLY INCOME CONVERSION ***WEEKLY x 4.33*** ***EVERY 2 WEEKS x 2.15*** ***TWICE MONTHLY x 2***

TOTAL HOUSEHOLD SIZE: ________ TOTAL MONTHLY INCOME: ________

Food Stamp ☐ TANF ☐ FDPIR ☐ Foster Child ☐

EXPANDED CATEGORICAL ELIGIBILITY: X

ELIGIBILITY DETERMINATION: Approved Tier I ☒ Approved Tier II ☐

REASON FOR INELIGIBILITY: Income Too High ☐ Incomplete Application ☐ Other: ________

SIGNATURE OF DETERMINING OFFICIAL: Sam Banks

APPROVAL/VERIFICATION DATE: 10/2/99

SDE/Auditor Comments: ________

APPLICATION INSTRUCTIONS

SPONSOR ONLY: COMPLETE THESE ITEMS BEFORE DISTRIBUTING TO APPLICANT

1. Type of applicant: Indicate type of applicant by checking if applicant is a provider or a parent or guardian of an enrolled child.
2. Write in the name of the family day care home provider. Write in the provider number which has been issued to the provider.
3. Write in the full name of the child/children enrolled in the family day care home.
10. When the completed application is returned to the sponsoring organization, assess the information and categorize accordingly. If it is a provider application, verification procedures must be followed.

FOR ALL APPLICANTS: Complete the application using the instructions applicable to your household. Sign the application, and return the application to the sponsoring organization. If you are a family day care home provider, you will be asked to provide documentation of your income. Call the sponsoring organization if you need assistance.

3. CHILD INFORMATION: All households complete this item. Print the first and last names of the children enrolled in the family day care home.

4. HOUSEHOLDS CURRENTLY RECEIVING FOOD STAMPS, "TEMPORARY ASSISTANCE FOR NEEDY FAMILIES" (TANF), OR "FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS" (FDPIR): Complete this item and Item 7. List current food stamp, TANF, or FDPIR case number for each child. Skip Item 6. An adult household member must sign the application in Item 7. A social security number is not required.

4a. EXPANDED CATEGORICAL ELIGIBILITY: For parent/guardian to complete, if applicable. Indicate by checking if household participates in any of the listed programs. Skip Item 6. An adult household member must sign the application in Item 7.

5. HOUSEHOLDS WITH A FOSTER CHILD: (Parent or guardian households only) Complete this item and Item 8. List the foster child's monthly "personal use" income. Write "0" if the foster child does not get "personal use" income. Skip Item 6. A foster parent or other official representing the child must sign the application in Item 7. A social security number is not required.

6. ALL OTHER HOUSEHOLDS: Complete this item and Item 7. Write the names of everyone in your household, whether they receive income or not. Include yourself, the child you are applying for, all other children, your spouse, grandparents, and other related or unrelated persons in your household. Write the amount of income each household member received last month before taxes or other deductions. Record the income under the appropriate source, such as earnings, welfare pensions, and other income. If any income last month was more or less than usual, write that person's usual monthly income. Some examples of income are listed below. Note: For self-employed persons (including family day care home providers), use net income instead of gross income. Contact the sponsoring organization if you need assistance in determining net income. An adult household member must sign the application in Item 8 and list his/her social security number.

7. SIGNATURE AND SOCIAL SECURITY NUMBER: All households complete this part. All applications must have the signature of an adult household member and the social security number of the adult signing the application. If the adult who signs does not have a social security number, write "none." If you listed a food stamp, TANF, or FDPIR case number in Item 4 or indicated participation in a program listed in Item 4a, a social security number is not required.

8. RACIAL/ETHNIC IDENTITY: Complete the racial/ethnic question if you wish. You are not required to answer this question. This information is used to assure all children are treated fairly.

9. OTHER BENEFITS: You may be eligible for free or low-cost health insurance for your children. Look at Part 9 on the back of the Family-Size and Income Application. You are not required to complete this to get meal benefits.

10. INSTITUTION/SPONSOR ONLY: Review the information on the application, and complete. See note above in *SPONSOR ONLY* box.

INCOME TO REPORT

EARNINGS FROM WORK

Wages/Salaries/Tips
Strike Benefits
Unemployment Compensation
Worker's Compensation
Welfare/Child Support/Alimony
Public Assistance Payments
Welfare Payments
Net Income From Self-Owned Business

PENSIONS/RETIREMENT/SOCIAL SECURITY

Pensions
Supplemental Security Income
Retirement Income
Veteran's Payments
Social Security

OTHER INCOME

Disability Benefits
Cash Withdrawn From Savings
Interest/Dividends
Income From Estates/Trusts/Investments
Regular Contribution From Persons Not Living in the Household
Net Royalties/Annuities/Net Rental Income
Any Other Income

FDCH-4C
(Rev. 2/99)

ELIGIBILITY SCALE FOR TIER I REIMBURSEMENT RATES

2000 Fiscal Year
(July 1, 1999 — June 30, 2000)

These are the income scales used by ______________________________
Sponsoring Organization

to determine eligibility for Tier I reimbursement rates.

HOUSEHOLD SIZE	INCOME		
	Yearly	Monthly	Weekly
1	$ 15,244	$ 1,271	$ 294
2	20,461	1,706	394
3	25,678	2,140	494
4	30,895	2,575	595
5	36,112	3,010	695
6	41,329	3,445	795
7	46,546	3,879	896
8	51,763	4,314	996

For each additional family member, add $5,217 to the yearly income.

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PROVIDER RECORD KEEPING

FDCH-9
(Rev. 2/99)

FAMILY DAY CARE HOME ENROLLMENT DATA

(To be completed and returned to sponsoring organization)

Home Agreement Number: ______________________________

Name of Provider: ____________________ Telephone: ____________

Address of Provider: ____________________ City: ____________ Zip: ______

Name of Child: ____________________ Date of Birth: ____________ Age: ______

Address of Child: ____________________ City: ____________ Zip: ______

Name of Parent(s)/Guardian(s): ______________________________

Place of Employment: ______________________________

Address of Employment: ____________________ City: ____________ Zip: ______

Business Telephone: ____________________ Home Telephone: ____________

Days Worked: ☐ SUN ☐ MON ☐ TUES ☐ WED ☐ THUR ☐ FRI ☐ SAT Hours: ________ a.m./p.m. To: ________ a.m./p.m.

If Parent/Guardian Is Student:

Name of School Attending: ______________________________

Address of School: ____________________ City: ____________ Zip: ______

Days in Class: ☐ SUN ☐ MON ☐ TUES ☐ WED ☐ THUR ☐ FRI ☐ SAT Hours: ________ a.m./p.m. To: ________ a.m./p.m.

Date Child Enrolled in Family Day Care Home: ______________________________

Times Child Care Is Provided: Hours: ________ a.m./p.m. To: ________ a.m./p.m.

Meals Approved for: ______________________________

I do attest that to the best of my knowledge, the above information is true and correct.

____________________ Signature(s) of Parent(s)/Guardian(s) ____________ Date

Date Child Dropped: ______________________________

MEDICAL EXCEPTIONS TO MEAL TYPES AND/OR COMPONENTS

(Attach signed physician's statement here.)

FAMILY DAY CARE HOME ENROLLMENT DATA INSTRUCTIONS

1. Home Agreement Number: Record the provider agreement number.
2. Name of Provider and Telephone Number: Record the name of the provider and the telephone number of the provider.
3. Address of Provider: Record the current address of the provider.
4. Name of Child, Date of Birth, and Age: Record the name, date of birth, and age of the child being enrolled. Use one enrollment form per child.
5. Address of Child: Record the current address of the child being enrolled.
6. Name of Parent(s)/Guardian(s): Record the child's parent(s) or guardian(s).
7. Place of Employment: Record the parent's or guardian's place of employment.
8. Address of Employment: Record the parent's or guardian's employment address.
9. Business Telephone and Home Telephone: Record the parent's or guardian's business and home telephone numbers.
10. Days Worked and Hours: Check the appropriate days that the parent or guardian works and the hours he/she works.
11. If Parent/Guardian Is Student: Record the name of the school the parent/guardian is attending and the address of the school. Also, check the days and record the hours the parent/guardian is in class.
12. Date Child Is Enrolled in FDCH: Record the date of enrollment.
13. Times Child Care Is Provided: Record the hours that the child being enrolled will be in child care.
14. Meals Approved for: Record the meals that the provider will be claiming for the enrolled child.
15. Parent/Guardian Signature and Date: Have the parent/guardian sign the form upon enrollment.
16. Date Child Dropped: Record the date the child drops from the FDCH.
17. Medical Exceptions: If the child cannot eat a food item and the provider wants to claim the meal, a signed statement from a recognized medical authority must be on file.

FDCH-9
(Rev. 2/99)

EXAMPLE

FAMILY DAY CARE HOME ENROLLMENT DATA

(To be completed and returned to sponsoring organization)

Home Agreement Number: 09

Name of Provider: PATTY PERFECT Telephone: 222-9876

Address of Provider: 100 SUNNYLANE City: BIG HILL Zip: 71234

Name of Child: TONE SMITH Date of Birth: 6-5-94 Age: 4 YEARS

Address of Child: 900 SOUTH 7TH City: BIG HILL Zip: 71234

Name of Parent(s)/Guardian(s): SYDNEY SMITH

Place of Employment: DAIRY QUEEN

Address of Employment: 51 NORTH OAK City: BIG HILL Zip: 71234

Business Telephone: 421-1997 Home Telephone: 421-0393

Days Worked:

SUN	MON	TUES	WED	THUR	FRI	SAT
	X	X	X	X	X	

Hours: 10 [✓ a.m.]/p.m. To: 5 a.m./[✓ p.m.]

If Parent/Guardian Is Student: NA

Name of School Attending:

Address of School: City: Zip:

Days in Class:

SUN	MON	TUES	WED	THUR	FRI	SAT

Hours: a.m./p.m. To: a.m./p.m.

Date Child Enrolled in Family Day Care Home: 9/15/99

Times Child Care Is Provided: Hours: 9:30 [✓ a.m.]/p.m. To: 5:30 a.m./[✓ p.m.]

Meals Approved for: LUNCH AND P.M. SUPPLEMENT

I do attest that to the best of my knowledge, the above information is true and correct.

Sydney Smith
Signature(s) of Parent(s)/Guardian(s)

10/4/99
Date

Date Child Dropped:

MEDICAL EXCEPTIONS TO MEAL TYPES AND/OR COMPONENTS

(Attach signed physician's statement here.)

FAMILY DAY CARE HOME ENROLLMENT DATA INSTRUCTIONS

1. Home Agreement Number: Record the provider agreement number.
2. Name of Provider and Telephone Number: Record the name of the provider and the telephone number of the provider.
3. Address of Provider: Record the current address of the provider.
4. Name of Child, Date of Birth, and Age: Record the name, date of birth, and age of the child being enrolled. Use one enrollment form per child.
5. Address of Child: Record the current address of the child being enrolled.
6. Name of Parent(s)/Guardian(s): Record the child's parent(s) or guardian(s).
7. Place of Employment: Record the parent's or guardian's place of employment.
8. Address of Employment: Record the parent's or guardian's employment address.
9. Business Telephone and Home Telephone: Record the parent's or guardian's business and home telephone numbers.
10. Days Worked and Hours: Check the appropriate days that the parent or guardian works and the hours he/she works.
11. If Parent/Guardian Is Student: Record the name of the school the parent/guardian is attending and the address of the school. Also, check the days and record the hours the parent/guardian is in class.
12. Date Child Is Enrolled in FDCH: Record the date of enrollment.
13. Times Child Care Is Provided: Record the hours that the child being enrolled will be in child care.
14. Meals Approved for: Record the meals that the provider will be claiming for the enrolled child.
15. Parent/Guardian Signature and Date: Have the parent/guardian sign the form upon enrollment.
16. Date Child Dropped: Record the date the child drops from the FDCH.
17. Medical Exceptions: If the child cannot eat a food item and the provider wants to claim the meal, a signed statement from a recognized medical authority must be on file.

FDCH-10
(Rev. 5/99)

FAMILY DAY CARE HOME DAILY ARRIVAL AND DEPARTURE RECORD

Name of Provider: ____________________

Home Agreement Number: ____________________

Month and Year: ____________________

DATE	CHILDREN'S NAMES									
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
1										
2										
3										
4										
5										
6										
7										
8										
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FAMILY DAY CARE HOME DAILY ARRIVAL AND DEPARTURE RECORD INSTRUCTIONS

1. Name of Provider: Record the name of the FDCH provider.
2. Home Agreement Number: Record the provider agreement number.
3. Month and Year: Record the current month and year.
4. Time In/Time Out: Record the actual time the child arrived at the FDCH and the actual time the child left the FDCH for each day of the month.

FDCH-10
(Rev. 5/99)

EXAMPLE

FAMILY DAY CARE HOME DAILY ARRIVAL AND DEPARTURE RECORD

Name of Provider: PATTY PERFECT Home Agreement Number: 09 Month and Year: OCTOBER 1999

DATE	CHILDREN'S NAMES									
	TONE SMITH		*CORLISS SMITH*		*JIMMY JAMES*					
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
1	9:25	5:35	8:00	3:30	7:00	4:30				
2	9:25	5:35	8:00	4:00	7:00	4:30				
3										
4										
5	9:30	5:35	--	--	7:00	4:30				
6	9:25	5:45	--	--	--	--				
7	9:20	5:35	8:00	3:30	--	--				
8	9:00	5:35	8:00	3:45	7:05	4:25				
9	9:30	5:35	--	--	--	--				
10										
11										
12	--	--	--	--	7:00	3:45				
13	9:30	5:35	--	--	7:00	4:00				
14	9:30	5:35	8:00	3:25	--	--				
15	9:35	5:40	7:45	3:30	7:00	4:00				
16	9:30	5:35	--	--	7:05	3:55				
17										
18										
19	9:20	5:30	--	--	7:00	4:30				
20	9:25	5:35	7:45	3:30	--	--				
21	9:25	5:35	--	--	--	--				
22	9:30	5:35	--	--	--	--				
23	--	--	--	--	--	--				
24										
25										
26	9:25	5:35	--	--	7:00	3:00				
27	9:25	5:35	--	--	7:00	3:45				
28	9:25	5:30	7:45	3:30	7:05	3:55				
29	9:25	5:35	7:45	3:30	7:00	4:00				
30	9:25	5:35	--	--	7:00	4:30				
31										

FAMILY DAY CARE HOME DAILY ARRIVAL AND DEPARTURE RECORD INSTRUCTIONS

1. Name of Provider: Record the name of the FDCH provider.
2. Home Agreement Number: Record the provider agreement number.
3. Month and Year: Record the current month and year.
4. Time In/Time Out: Record the actual time the child arrived at the FDCH and the actual time the child left the FDCH for each day of the month.

FDCH-11
(Rev. 5/99)

FAMILY DAY CARE HOME DAILY RECORD OF MEALS SERVED

Provider's Name:______________________________ Home Agreement Number:________________ Month and Year:______________

Check (√) meals served each child.

For Sponsor Use Only																																			FOR OFFICE USE ONLY			
Tier	Names of Children	Type of Meal	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	BREAKFAST	LUNCH	SUPPER	SUPPLEMENT
	Age: ________	Breakfast																																	■	■	■
		A.M. Supp.																															■	■	■	
		Lunch																															■		■	■
		P.M. Supp.																															■	■	■	
		Supper																															■	■		■
		Late Supp.																															■	■	■	
	Age: ________	Breakfast																																	■	■	■
		A.M. Supp.																															■	■	■	
		Lunch																															■		■	■
		P.M. Supp.																															■	■	■	
		Supper																															■	■		■
		Late Supp.																															■	■	■	
	Age: ________	Breakfast																																	■	■	■
		A.M. Supp.																															■	■	■	
		Lunch																															■		■	■
		P.M. Supp.																															■	■	■	
		Supper																															■	■		■
		Late Supp.																															■	■	■	
	Age: ________	Breakfast																																	■	■	■
		A.M. Supp.																															■	■	■	
		Lunch																															■		■	■
		P.M. Supp.																															■	■	■	
		Supper																															■	■		■
		Late Supp.																															■	■	■	
	Age: ________	Breakfast																																	■	■	■
		A.M. Supp.																															■	■	■	
		Lunch																															■		■	■
		P.M. Supp.																															■	■	■	
		Supper																															■	■		■
		Late Supp.																															■	■	■	

I hereby certify that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that State Department of Education and sponsoring organization officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Signature of Provider:______________________________ Date:__________

For Sponsor Use Only

Tier I Totals				
Tier II-H Totals				
Tier II-L Totals				
Total Meal Counts				

Oklahoma State Department of Education

May 1999

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FAMILY DAY CARE HOME DAILY RECORD OF MEALS SERVED INSTRUCTIONS

1. Provider's Name: Record the provider's name.

2. Home Agreement Number: Record the provider's agreement number.

3. Month and Year: Record the current month and year.

4. Tier: (The sponsoring organization must fill in this section.) Record the child's tier determination, which has been identified by the sponsor.

5. Names of Children and Age: Record each child's name and age.

6. Type of Meal: Place a check mark each day for every meal being claimed for reimbursement. NOTE: No more than three meals per day per child may be claimed for reimbursement.

7. Breakfast, Lunch, Supper, and Supplement: Total all breakfasts for each child for the month. Total all lunches for each child for the month. Total all suppers for each child for the month. Total all supplements for each child for the month.

8. Total Meal Counts: (This must be filled in by the sponsoring organization.) Total all Tier I breakfasts, lunches, suppers, and supplements. Total all Tier II-Higher breakfasts, lunches, suppers, and supplements. Total all Tier II-Lower breakfasts, lunches, suppers, and supplements. Total all breakfasts (Tier I, II-H, and II-L), lunches (Tier I, II-H, and II-L), suppers (Tier I, II-H, II-L), and supplements (Tier I, II-H, and II-L).

9. Signature of Provider: The provider must sign the FDCH Daily Record of Meals Served.

FDCH-11
(Rev. 5/99)

EXAMPLE

FAMILY DAY CARE HOME DAILY RECORD OF MEALS SERVED

Oklahoma State Department of Education

Provider's Name: PATTY PERFECT

Home Agreement Number: 09

Month and Year: OCTOBER 1999

Check (√) meals served each child.

For Sponsor Use Only																																			FOR OFFICE USE ONLY			
Tier	Names of Children	Type of Meal	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	BREAKFAST	LUNCH	SUPPER	SUPPLEMENT
II-H	TONE SMITH	Breakfast																																			
		A.M. Supp.																																			
		Lunch	X	X			X	X	X	X	X				X	X	X	X			X	X	X	X				X	X	X	X	X			20		
		P.M. Supp.	X	X			X	X	X	X	X				X	X	X	X			X	X	X	X				X	X	X	X	X					20
		Supper																																			
	Age: 4	Late Supp.																																			
II-L	CORLISS SMITH	Breakfast															X					X	X							X	X			5			
		A.M. Supp.																																			
		Lunch	X	X					X	X						X	X					X	X							X	X				10		
		P.M. Supp.	X	X					X	X						X	X					X	X							X	X						10
		Supper																																			
	Age: 2	Late Supp.																																			
II-L	JIMMY JAMES	Breakfast	X	X			X			X				X	X		X	X			X							X	X	X	X	X		14			
		A.M. Supp.																																			
		Lunch																																			
		P.M. Supp.	X	X			X			X				X	X		X	X			X							X	X	X	X	X					14
		Supper	X	X			X			X				X	X		X	X			X							X	X	X	X	X				14	
	Age: 10 MONTHS	Late Supp.																																			
		Breakfast																																			
		A.M. Supp.																																			
		Lunch																																			
		P.M. Supp.																																			
		Supper																																			
	Age:	Late Supp.																																			
		Breakfast																																			
		A.M. Supp.																																			
		Lunch																																			
		P.M. Supp.																																			
		Supper																																			
	Age:	Late Supp.																																			

May 1999

I hereby certify that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that State Department of Education and sponsoring organization officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

For Sponsor Use Only

Tier I Totals				
Tier II-H Totals		20		20
Tier II-L Totals	19	24		24
Total Meal Counts	19	44		44

Signature of Provider: Patty Perfect

Date: 11/1/99

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FAMILY DAY CARE HOME DAILY RECORD OF MEALS SERVED INSTRUCTIONS

1. Provider's Name: Record the provider's name.

2. Home Agreement Number: Record the provider's agreement number.

3. Month and Year: Record the current month and year.

4. Tier: (The sponsoring organization must fill in this section.) Record the child's tier determination, which has been identified by the sponsor.

5. Names of Children and Age: Record each child's name and age.

6. Type of Meal: Place a check mark each day for every meal being claimed for reimbursement. NOTE: No more than three meals per day per child may be claimed for reimbursement.

7. Breakfast, Lunch, Supper, and Supplement: Total all breakfasts for each child for the month. Total all lunches for each child for the month. Total all suppers for each child for the month. Total all supplements for each child for the month.

8. Total Meal Counts: (This must be filled in by the sponsoring organization.) Total all Tier I breakfasts, lunches, suppers, and supplements. Total all Tier II-Higher breakfasts, lunches, suppers, and supplements. Total all Tier II-Lower breakfasts, lunches, suppers, and supplements. Total all breakfasts (Tier I, II-H, and II-L), lunches (Tier I, II-H, and II-L), suppers (Tier I, II-H, II-L), and supplements (Tier I, II-H, and II-L).

9. Signature of Provider: The provider must sign the FDCH Daily Record of Meals Served.

FDCH-12
(Rev 5/99)

FAMILY DAY CARE HOME WEEKLY MEALS SERVED

Provider's Name: ______________________________ Agreement Number: ____________

INSTRUCTIONS: Record food items served to children at each meal service.

From: ____________________ To: ____________________

MINIMUM MEAL PATTERN REQUIREMENTS	Ages 1-2 Years	Ages 3-5 Years	Ages 6-12 Years	Menu #____ Date____ MONDAY	Menu #____ Date____ TUESDAY	Menu #____ Date____ WEDNESDAY	Menu #____ Date____ THURSDAY	Menu #____ Date____ FRIDAY	Menu #____ Date____ SATURDAY	Menu #____ Date____ SUNDAY
BREAKFAST										
Fluid milk	½ cup	¾ cup	1 cup							
Vegetables, fruits, or juices	¼ cup	½ cup	½ cup							
Bread and/or bread alternate	½ slice*	½ slice*	1 slice*							
Meat/meat alternate (optional)										
LUNCH										
Fluid milk	½ cup	¾ cup	1 cup							
Meat and/or meat alternate	1 oz*	1½ oz*	2 oz*							
Vegetables, fruits, or juices	¼ cup Total	½ cup Total	¾ cup Total							
Bread and/or bread alternate	½ slice*	½ slice*	1 slice*							
Other										
SUPPER										
Fluid milk	½ cup	¾ cup	1 cup							
Meat and/or meat alternate	1 oz*	1½ oz*	2 oz*							
Vegetables, fruits, or juices	¼ cup Total	½ cup Total	¾ cup Total							
Bread and/or bread alternate	½ slice*	½ slice*	1 slice*							
Other										
SUPPLEMENTS (Choose 2 of these 4)				A.M.						
Fluid milk	½ cup	½ cup	1 cup	P.M.						
Vegetables, fruits, or juices	½ cup	½ cup	¾ cup							
Bread and/or bread alternate	½ slice*	½ slice*	1 slice*							
Meat and/or meat alternate	½ oz*	½ oz*	1 oz*	LATE P.M.						

*Or an equivalent quantity of alternate(s).

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FAMILY DAY CARE HOME WEEKLY MEALS SERVED INSTRUCTIONS

1. Provider's Name and Agreement Number: Record the FDCH provider's name and agreement number.
2. From________ To _________: Record the dates from the beginning of the week to the end of the week.
3. Menu Number and Date: Record the cycle menu number (if applicable) and date of the meal.
4. Meals Served: Record the menu that was actually served on the specified date/day for breakfast, lunch, supper, and supplements.

FDCH-12
(Rev. 5/99)

EXAMPLE

FAMILY DAY CARE HOME WEEKLY MEALS SERVED

Provider's Name: PATTY PERFECT Agreement Number: 09

INSTRUCTIONS: Record food items served to children at each meal service. From: 10/4/99 To: 10/8/99

MINIMUM MEAL PATTERN REQUIREMENTS	Ages 1-2 Years	Ages 3-5 Years	Ages 6-12 Years	Menu #___ Date 10/5 MONDAY	Menu #___ Date 10/6 TUESDAY	Menu #___ Date 10/7 WEDNESDAY	Menu #___ Date 10/8 THURSDAY	Menu #___ Date 10/9 FRIDAY	Menu #___ Date ___ SATURDAY	Menu #___ Date ___ SUNDAY
BREAKFAST										
Fluid milk	1/2 cup	3/4 cup	1 cup	MILK	MILK	MILK	MILK	MILK		
Vegetables, fruits, or juices	1/4 cup	1/2 cup	1/2 cup	APPLESAUCE	ORANGE JUICE	BANANA	GRAPE JUICE	ORANGE WEDGES		
Bread and/or bread alternate	1/2 slice*	1/2 slice*	1 slice*	BRAN MUFFIN	PANCAKE	CORNFLAKES	WAFFLE	BAGEL		
Meat/meat alternate (optional)					SAUSAGE					
LUNCH										
Fluid milk	1/2 cup	3/4 cup	1 cup	MILK	MILK	MILK	MILK	MILK		
Meat and/or meat alternate	1 oz*	1 1/2 oz*	2 oz*	MEAT LOAF	BURRITO	TUNA FISH	CHICKEN NUGGET	FRANKS		
Vegetables, fruits, or juices	1/4 cup Total	1/2 cup Total	3/4 cup Total	PEACHES GREEN BEANS	LETTUCE TOMATO	PEACHES CARROT COINS	MASHED POTATOES FRUIT COCKTAIL	BAKED BEANS TATER TOTS		
Bread and/or bread alternate	1/2 slice*	1/2 slice*	1 slice*	ROLL	FLOUR TORTILLA	SANDWICH BREAD	BISCUIT	HOT DOG BUN		
Other										
SUPPER										
Fluid milk	1/2 cup	3/4 cup	1 cup							
Meat and/or meat alternate	1 oz*	1 1/2 oz*	2 oz*							
Vegetables, fruits, or juices	1/4 cup Total	1/2 cup Total	3/4 cup Total							
Bread and/or bread alternate	1/2 slice*	1/2 slice*	1 slice*							
Other										
SUPPLEMENTS (Choose 2 of these 4)				A.M.						
Fluid milk	1/2 cup	1/2 cup	1 cup	P.M. OATMEAL COOKIE	CHEESE	STRAWBERRY YOGURT	APPLE SLICES	PEANUT BUTTER		
Vegetables, fruits, or juices	1/2 cup	1/2 cup	3/4 cup							
Bread and/or bread alternate	1/2 slice*	1/2 slice*	1 slice*	MILK	SALTINES	GRAHAMS	MUFFIN	SLICED BREAD		
Meat and/or meat alternate	1/2 oz*	1/2 oz*	1 oz*							
				LATE P.M.						

*Or an equivalent quantity of alternate(s).

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FAMILY DAY CARE HOME WEEKLY MEALS SERVED INSTRUCTIONS

1. Provider's Name and Agreement Number: Record the FDCH provider's name and agreement number.

2. From ______ To ________: Record the dates from the beginning of the week to the end of the week.

3. Menu Number and Date: Record the cycle menu number (if applicable) and date of the meal.

4. Meals Served: Record the menu that was actually served on the specified date/day for breakfast, lunch, supper, and supplements.

FDCH-13
(Rev. 4/99)

Oklahoma State Department of Education

May 1999

INFANT MEALS SERVED

INSTRUCTIONS: Record food items served to each infant at each meal service.

Child's Name:______________________________ Age:__________

	Date:__________	Date:__________	Date:__________	Date:__________	Date:__________	Date:__________	Date:__________
BREAKFAST **BIRTH THROUGH 3 MONTHS** 4-6 fluid oz formula[1] **4 THROUGH 7 MONTHS** 4-8 fluid oz formula[1] or breast milk[5] 0-3 Tbsp infant cereal[2] (optional) **8 THROUGH 11 MONTHS** 6-8 fluid oz formula[1] or breast milk[5] or whole milk 2-4 Tbsp infant cereal[2] 1-4 Tbsp fruit and/or vegetable	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST
LUNCH/SUPPER **BIRTH THROUGH 3 MONTHS** 4-6 fluid oz formula[1] **4 THROUGH 7 MONTHS** 4-8 fluid oz formula[1] or breast milk[5] 0-3 Tbsp infant cereal[2] (optional) 0-3 Tbsp fruit and/or vegetable (optional) **8 THROUGH 11 MONTHS** 6-8 fluid oz formula[1] or breast milk[5] or whole milk 1-4 Tbsp fruit and/or vegetable *AND ONE OF THE FOLLOWING:* 2-4 Tbsp infant cereal[2] 1-4 Tbsp meat, fish, poultry, egg yolk, or cooked dry beans or peas, or ½-2 oz cheese or 1-4 oz cottage cheese, cheese food, or cheese spread	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
	SUPPER	SUPPER	SUPPER	SUPPER	SUPPER	SUPPER	SUPPER
SUPPLEMENT **BIRTH THROUGH 3 MONTHS** 4-6 fluid oz formula[1] **4 THROUGH 7 MONTHS** 6 fluid oz formula[1] **8 THROUGH 11 MONTHS** 2-4 fluid oz formula[1] or breast milk[5] or whole milk or fruit juice[3] 0-½ slice bread[4] or 0-2 crackers (optional)	A.M. SUPPLEMENT	A.M. SUPPLEMENT	A.M. SUPPLEMENT	A.M. SUPPLEMENT	A.M. SUPPLEMENT	A.M. SUPPLEMENT	A.M. SUPPLEMENT
	P.M. SUPPLEMENT	P.M. SUPPLEMENT	P.M. SUPPLEMENT	P.M. SUPPLEMENT	P.M. SUPPLEMENT	P.M. SUPPLEMENT	P.M. SUPPLEMENT
	LATE SUPPLEMENT	LATE SUPPLEMENT	LATE SUPPLEMENT	LATE SUPPLEMENT	LATE SUPPLEMENT	LATE SUPPLEMENT	LATE SUPPLEMENT

[1] Shall be iron-fortified infant formula
[2] Shall be iron-fortified dry infant cereal
[3] Shall be full-strength fruit juice
[4] Shall be from whole-grain or enriched meal or flour
[5] Meals containing only breast milk are not reimbursable

NOTE: Do not serve honey or use honey in foods served to infants under one year of age.

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INFANT MEALS SERVED INSTRUCTIONS

1. Child's Name and Age: Record the infant's name and age.
2. Date: Record the date of each meal.
3. Meals Served: Record food items served to each infant at each meal service.

FDCH-13
(Rev. 4/99)

EXAMPLE
INFANT MEALS SERVED

INSTRUCTIONS: Record food items served to each infant at each meal service.

Child's Name: JIMMY JAMES

Age: 10 MONTHS

	Date: 10/4	Date: 10/5	Date: 10/6	Date: 10/7	Date: 10/8	Date:	Date:
BREAKFAST **BIRTH THROUGH 3 MONTHS** 4-6 fluid oz formula[1] **4 THROUGH 7 MONTHS** 4-8 fluid oz formula[1] or breast milk[5] 0-3 Tbsp infant cereal[2] (optional) **8 THROUGH 11 MONTHS** 6-8 fluid oz formula[1] or breast milk[5] or whole milk 2-4 Tbsp infant cereal[2] 1-4 Tbsp fruit and/or vegetable	**BREAKFAST** SIMILAC INFANT CEREAL PEACHES	**BREAKFAST** ABSENT	**BREAKFAST** ABSENT	**BREAKFAST** SIMILAC INFANT CEREAL APRICOTS	**BREAKFAST** ABSENT	**BREAKFAST**	**BREAKFAST**
LUNCH/SUPPER **BIRTH THROUGH 3 MONTHS** 4-6 fluid oz formula[1] **4 THROUGH 7 MONTHS** 4-8 fluid oz formula[1] or breast milk[5] 0-3 Tbsp infant cereal[2] (optional) 0-3 Tbsp fruit and/or vegetable (optional)	**LUNCH** SIMILAC CARROTS CHEESE	**LUNCH** ABSENT	**LUNCH** ABSENT	**LUNCH** SIMILAC BEEF MIXED VEGETABLES	**LUNCH** ABSENT	**LUNCH**	**LUNCH**
8 THROUGH 11 MONTHS 6-8 fluid oz formula[1] or breast milk[5] or whole milk 1-4 Tbsp fruit and/or vegetable *AND ONE OF THE FOLLOWING:* 2-4 Tbsp infant cereal[2] 1-4 Tbsp meat, fish, poultry, egg yolk, or cooked dry beans or peas, or ½-2 oz cheese or 1-4 oz cottage cheese, cheese food, or cheese spread	**SUPPER**	**SUPPER**	**SUPPER**	**SUPPER**	**SUPPER**	**SUPPER**	**SUPPER**
SUPPLEMENT **BIRTH THROUGH 3 MONTHS** 4-6 fluid oz formula[1]	**A.M. SUPPLEMENT**	**A.M. SUPPLEMENT**	**A.M. SUPPLEMENT**	**A.M. SUPPLEMENT**	**A.M. SUPPLEMENT**	**A.M. SUPPLEMENT**	**A.M. SUPPLEMENT**
4 THROUGH 7 MONTHS 6 fluid oz formula[1]	**P.M. SUPPLEMENT** INFANT FORMULA CRACKERS	**P.M. SUPPLEMENT** ABSENT	**P.M. SUPPLEMENT** ABSENT	**P.M. SUPPLEMENT** APPLE JUICE VANILLA WAFERS	**P.M. SUPPLEMENT** ABSENT	**P.M. SUPPLEMENT**	**P.M. SUPPLEMENT**
8 THROUGH 11 MONTHS 2-4 fluid oz formula[1] or breast milk[5] or whole milk or fruit juice[3] 0-½ slice bread[4] or 0-2 crackers (optional)	**LATE SUPPLEMENT**	**LATE SUPPLEMENT**	**LATE SUPPLEMENT**	**LATE SUPPLEMENT**	**LATE SUPPLEMENT**	**LATE SUPPLEMENT**	**LATE SUPPLEMENT**

[1] Shall be iron-fortified infant formula
[2] Shall be iron-fortified dry infant cereal
[3] Shall be full-strength fruit juice
[4] Shall be from whole-grain or enriched meal or flour
[5] Meals containing only breast milk are not reimbursable

NOTE: Do not serve honey or use honey in foods served to infants under one year of age.

Oklahoma State Department of Education

May 1999

INFANT MEALS SERVED INSTRUCTIONS

1. Child's Name and Age: Record the infant's name and age.
2. Date: Record the date of each meal.
3. Meals Served: Record food items served to each infant at each meal service.

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PROVIDER TRAINING

FAMILY DAY CARE HOME PROVIDER TRAINING

It is the responsibility of the sponsoring organization to conduct annual provider workshops (individual training in the homes does not constitute a workshop). Documentation of training session date(s) and location(s), as well as topics presented and names of participants, must be maintained on file.

Workshops shall include, at a minimum:

1. Training in nutrition.
2. Training in food preparation and sanitation.
3. Training in better management procedures.
4. Training in bookkeeping procedures.

FDCH-6
(Rev. 5/97)

FAMILY DAY CARE HOME
PROVIDER-TRAINING RECORD

Provider's Name	Home Agreement Number

Date:____

Topics Addressed:__________________________________

NOTE: Attach copy of training session's agenda.

FAMILY DAY CARE HOME PROVIDER TRAINING RECORD INSTRUCTIONS

1. Provider's Name and Home Agreement Number: Have each provider sign the training record form and his/her agreement number.
2. Date: Record the date(s) of the training.
3. Topics Addressed: Record all topics addressed relating to the CACFP.
   NOTE: Attach a copy of the training session's agenda.

FDCH-6
(Rev. 5/97)

EXAMPLE

FAMILY DAY CARE HOME
PROVIDER-TRAINING RECORD

Provider's Name	Home Agreement Number
PATTY PERFECT	09
GINNY FREED	13
MARY TIMES	21
PATTY MARTIN	52
SUSAN JOHNS	20
MARY BROWN	18
LOU ANN JOLLY	15
JUDY WALLACE	11
JOANIE BLUE	08

Date: NOVEMBER 2, 1999

Topics Addressed: MEAL PATTERN REQUIREMENTS, CN LABELS, GRAINS/ BREADS REQUIREMENTS, AND SANITATION

NOTE: Attach copy of training session's agenda.

FAMILY DAY CARE HOME PROVIDER TRAINING RECORD INSTRUCTIONS

1. Provider's Name and Home Agreement Number: Have each provider sign the training record form and his/her agreement number.
2. Date: Record the date(s) of the training.
3. Topics Addressed: Record all topics addressed relating to the CACFP.
   NOTE: Attach a copy of the training session's agenda.

BIG BUCKS
COMMUNITY ACTION PROGRAM

November 2, 1999

CHILD AND ADULT CARE FOOD PROGRAM WORKSHOP

MEAL PATTERN REQUIREMENTS

6:30 P.M. - 7:30 P.M.

- PROCESSED MEATS/CN LABELS
- GRAINS/BREADS REQUIREMENTS
- SERVING SIZES

SANITATION

7:30 P.M. - 8:00 P.M.

- SANITIZERS
- FOOD SAFETY

RECORD KEEPING

8:30 P.M. - 9:00 P.M.

PROVIDER MONITORING

FDCH-7
(Rev. 5/97)

Home Agreement Number: ____________________

For Sponsor Use Only—Sponsoring Organization Must Keep on File in Its Office
(The preapproval visit is to be conducted prior to Program operations.)

PREAPPROVAL VISIT FORM

Provider's Name: ______________________________ Date: ____________________

Provider's Address: ____

The following items were discussed and reviewed: (Check appropriate response.)		**Provider Agrees to Comply**
1. Provider's Application/Agreement (License, Family-Size and Income Application, etc.)		
a. Oklahoma Policies	1a.	
b. Sponsoring Organization Policies	1b.	
c. Civil Rights Compliance	1c.	
2. Record-Keeping Requirements		
a. Participation Documentation (Enrollment Data)	2a.	[redacted]
b. Daily Attendance Records With Arrival and Departure Times	2b.	
c. Daily Number of Meals Served by Type	2c.	
d. Daily Menus as Served	2d.	
e. Cycle Menu	2e.	
f. Notification of Changes	2f.	
3. Meal Patterns		
a. Meal Limitation/Time Frame	3a.	[redacted]
b. Minimum Meal Pattern Requirements	3b.	
c. Nutritional Recommendations (Vitamins A & C, Iron)	3c.	
d. Planning and Following Cycle Menus	3d.	
4. Sanitation and Safety	4.	
5. Child and Adult Care Food Program (CACFP) Training	5.	
6. Reimbursement Rates/Monthly Claim	6.	

Comments: ____

____

____

____

I certify that the above areas were discussed and my responsibilities explained. I also understand that failure to comply with regulations and policies could result in nonpayment of reimbursement and/or termination of participation.

______________________________ Provider's Signature ______________ Date

______________________________ Sponsoring Organization Representative's Signature ______________ Date

PREAPPROVAL VISIT INSTRUCTIONS

1. Home Agreement Number: Record the FDCH provider's agreement number.

2. Provider's Name and Address: Record the FDCH provider's name and address.

3. Date: Record the date of the preapproval visit.

4. Provider Is in Compliance: Check if the provider is in compliance for each item listed.

5. Provider Agrees to Comply After Training: Check if the provider is not in compliance and if he/she agrees to comply after training.

6. Comments: Make comments as needed.

7. Provider's Signature and Date: The provider must sign and date the Preapproval Visit form.

8. Sponsoring organization Representative's Signature and Date: The sponsoring organization representative who made the preapproval visit must sign and date the Preapproval Visit form.

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EXAMPLE

Home Agreement Number: 09

For Sponsor Use Only—Sponsoring Organization Must Keep on File in Its Office
(The preapproval visit is to be conducted prior to Program operations.)

PREAPPROVAL VISIT FORM

Provider's Name: PATTY PERFECT Date: 9/20/99

Provider's Address: 100 SUNNYLANE, BIG HILL, OK 71234

The following items were discussed and reviewed: **(Check appropriate response.)**		**Provider Agrees to Comply**
1. Provider's Application/Agreement (License, Family-Size and Income Application, etc.)		
a. Oklahoma Policies	1a.	✓
b. Sponsoring Organization Policies	1b.	✓
c. Civil Rights Compliance	1c.	✓
2. Record-Keeping Requirements		✓
a. Participation Documentation (Enrollment Data)	2a.	■
b. Daily Attendance Records With Arrival and Departure Times	2b.	✓
c. Daily Number of Meals Served by Type	2c.	✓
d. Daily Menus as Served	2d.	✓
e. Cycle Menu	2e.	✓
f. Notification of Changes	2f.	✓
3. Meal Patterns		✓
a. Meal Limitation/Time Frame	3a.	■
b. Minimum Meal Pattern Requirements	3b.	✓
c. Nutritional Recommendations (Vitamins A & C, Iron)	3c.	✓
d. Planning and Following Cycle Menus	3d.	✓
4. Sanitation and Safety	4.	✓
5. Child and Adult Care Food Program (CACFP) Training	5.	✓
6. Reimbursement Rates/Monthly Claim	6.	✓

Comments: THE KIDS SEEMED TO ENJOY TODAY'S LUNCH.

I certify that the above areas were discussed and my responsibilities explained. I also understand that failure to comply with regulations and policies could result in nonpayment of reimbursement and/or termination of participation.

Patty Pefect 9/20/99
Provider's Signature Date

Jennifer Jones 9/20/99
Sponsoring Organization Representative's Signature Date

PREAPPROVAL VISIT INSTRUCTIONS

1. Home Agreement Number: Record the FDCH provider's agreement number.
2. Provider's Name and Address: Record the FDCH provider's name and address.
3. Date: Record the date of the preapproval visit.
4. Provider Is in Compliance: Check if the provider is in compliance for each item listed.
5. Provider Agrees to Comply After Training: Check if the provider is not in compliance and if he/she agrees to comply after training.
6. Comments: Make comments as needed.
7. Provider's Signature and Date: The provider must sign and date the Preapproval Visit form.
8. Sponsoring organization Representative's Signature and Date: The sponsoring organization representative who made the preapproval visit must sign and date the Preapproval Visit form.

FAMILY DAY CARE HOME ON-SITE MONITOR REVIEW

It is the responsibility of the sponsoring organization to conduct reviews of Program operations to assess compliance with meal patterns, record keeping, and other requirements not less frequently than three times each year, with not more than six months elapsing between reviews. New family day care homes must have their first review during the first four weeks of operation. Each review must include a meal analysis where children are present. If the provider has been approved for weekend and/or late p.m. supplements, a review must include a visit during each of those times. All reviews must be documented and kept on file.

Monitor's responsibilities shall include, at a minimum:

1. Menu analysis.
2. Meal analysis (additional meal analysis must be conducted on infant meals).
3. Review of records.
4. At-home assistance for nutrition education, meal preparation, sanitation, record keeping, etc.
5. Conducting follow-up reviews as necessary.
6. Keeping on file at SO's office all reports by monitors documenting the above areas of responsibility.

A Family Day Care Home On-Site Monitor Review form is on the following pages.

FDCH-8
(Rev. 5/99)

FAMILY DAY CARE HOME ON-SITE MONITOR REVIEW

Reviewer: ____________________

Provider's Name: ____________________

Provider's Address: ____________________

Tier Type: I II-H II-L II-M (Circle One)

Home Agreement Number: ____________________

Date of Visit: ____________________

Time of Visit: ____________________

Review: 1 2 3 Weekend Follow-Up

			Yes/No
A.	**License**		
1.	Does provider have a current license/permit?	1.	
2.	Expiration Date: __________		
3.	Is provider within license capacity?	3.	
B.	**Tier I Homes Only**		
1.	Does provider claim own children?	1.	
2.	If yes, do they eat with the other children?	2.	
3.	Complete and approved Family-Size and Income Application on file?	3.	
C.	**Record-Keeping Requirements**		
1.	Daily Arrival and Departure Record up-to-date? Date of last entry: __________	1.	
2.	Daily Record of Meals Served form up-to-date? Date of last entry: __________	2.	
a.	Were more than three meals per day claimed for any child?	a.	
3.	Weekly Meals Served form up-to-date? Date of last entry: __________	3.	
4.	Infant meals/children under one year old claimed?	4.	
a.	If yes, is infant meal pattern followed?	a.	
b.	Does provider furnish food items?	b.	
c.	Infant Meals Served form maintained? Date of last entry: __________	c.	
5.	Cycle Menu on file with sponsoring organization?	5.	
a.	Current cycle menu is being followed?	a.	
b.	If no, was substitution made?	b.	
c.	Did it contain all required components?	c.	
D.	**Sanitation**		
1.	Are local, state, and federal Health Department regulations followed?	1.	
2.	Review the following good sanitation practices.	2.	
a.	Medications properly stored?	a.	
b.	Chemicals and medicines in a separate location?	b.	
c.	Rusted, dented, or unlabeled containers?	c.	
d.	Leftovers properly stored?	d.	
e.	Refrigerator's temperature: ______		
f.	Freezer's temperature: ______		
g.	Are refrigerator and freezer frost-free? If no, are they defrosted?	g.	
h.	Shelf paper present?	h.	
i.	Trash cans covered?	i.	
j.	Clean kitchen and equipment?	j.	
k.	Dining surface and counter tops sanitized?	k.	
l.	Dishes sanitized during washing?	l.	
m.	Kitchen, storage, and serving areas free from pest infestation?	m.	
n.	Effective hair restraint?	n.	

E. Enrollment Yes/No

1. Children in Attendance Name	Age	CACFP Enrollment?

			Yes/No
2.	Have any children been added or dropped since the first monitor review?	2.	
3.	If yes, was sponsoring organization notified of changes?	3.	

F. Meal Service Times

1. List meal service times:	Approved	Verified
Breakfast		
A.M. Supplement		
Lunch		
P.M. Supplement		
Supper		
Late P.M. Supplement		

			Yes/No
2.	Was meal served at approved time?	2.	
3.	If no, was a notification of meal change turned in?	3.	

G. Training

1. List training sessions attended this fiscal year:

____

____

H. Civil Rights

All children served the same meal at no separate charge regardless of race, color, national origin, sex, age, or disability, and there is no discrimination in the course of food service. (Circle One)

Yes or No

Comments:

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I. Meal Observation

	Yes/No		Yes/No
1. All components served? 1.		6. Meal supervision provided? 6.	
2. Required quantities served? 2.		7. Adequate time for eating? 7.	
3. Method of production and quality of food acceptable? 3.		8. Special dietary needs documentation available? 8.	
4. Safe food-handling procedures followed? 4.		9. Product analysis/Child Nutrition (CN) label on file? 9.	
5. Plates and servings adjusted for age groups? 5.		10. Is the provider able to communicate the quantity of food served? 10.	
		11. Is further training needed? 11.	

J. Program Children Served by Ages

Time Served:

1-2 Years	3-5 Years	6-12 Years	Total	Nonclaimable Children Served	Comments:

Meal Observed: (Circle One)

a. Breakfast b. A.M. Supplement c. Lunch d. P.M. Supplement e. Supper f. Late P.M. Supplement

K. Meal Analysis

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Milk				
Fruit/Vegetable/Juice				
Bread/Bread Alternate				
Meat/Meat Alternate				

L. Review Summary

Corrective action needed, comments, or recommendations: ______

______

______

______

______

______

Is a follow-up necessary to view corrective action? (Circle One) Yes or No

______ Signature of Provider Date

______ Signature of Reviewer Date

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Infant Meal Analysis
Attachment

Birth - 3 Months	4 - 7 Months	8 - 11 Months

Meal Observed: (Circle One)

a. Breakfast b. A.M. Supplement c. Lunch d. P.M. Supplement e. Supper f. Late P.M. Supplement

Child's Name:____________________ **Age:**__________

Meal Component	Food Item	Quantity Served	Quantity Needed	Quantity + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable/Juice				
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

Child's Name:____________________ **Age:**__________

Meal Component	Food Item	Quantity Served	Quantity Needed	Quantity + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable/Juice				
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

Child's Name:____________________ **Age:**__________

Meal Component	Food Item	Quantity Served	Quantity Needed	Quantity + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable/Juice				
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

Child's Name:____________________ **Age:**__________

Meal Component	Food Item	Quantity Served	Quantity Needed	Quantity + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable/Juice				
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

BEST COPY AVAILABLE

FAMILY DAY CARE HOME ON-SITE MONITOR REVIEW INSTRUCTIONS

1. Reviewer: Record the name(s) of the reviewer(s)/monitor(s).

2. Provider's Name: Record the FDCH provider's name.

3. Provider's Address: Record the FDCH provider's address.

4. Tier Type: Circle the appropriate tier for which the home has been determined (I, II-H, II-L, II-M).

5. Home Agreement Number: Record the FDCH provider's agreement number.

6. Date of Visit: Record the date of the monitor review.

7. Time of Visit: Record the time of the monitor review.

8. Review: Circle the appropriate answer to identify which review is being conducted (1, 2, weekend, or follow-up).

A. License

   1. If the provider has a current license/permit, write *yes*. If not, write *no* and follow through to find out the reason for not having one.

   2. Record the expiration date on the license/permit. If it has expired, follow through to find out the reason for the license/permit having expired. NOTE: It is a requirement to have a license in order to be on the CACFP.)

   3. Record *yes* if the provider is within license capacity. Record *no* if the provider is over license capacity. If the provider is over license capacity, the meals over license capacity ***CANNOT*** be claimed.

B. Tier I Homes Only: If the home is a Tier II home, skip the next three questions.

   1. If the provider claims her own children, mark *yes*; if not, mark *no*.

   2. If the above answer is *yes*, answer this question *yes* if they eat with the other children or *no* if it appears that they do not. NOTE: If the provider claims his/her own children, they must be a part of the day care and eat with the other children.

   3. If there is a complete and approved Family-Size and Income Application on file, write *yes*; if not, write *no*. NOTE: Even though a home has been determined Tier I by school data and/or census data, the provider must still have an approved Family-Size and Income Application on file showing that they are income-eligible in order to claim their own children.

C. Record-Keeping Requirements

   1. If the Daily Arrival and Departure Record is up-to-date, write *yes*; if not, write *no*. If it is not up-to-date, follow the sponsor policy for disallowing meals for inadequate or incomplete paperwork. NOTE: It is recommended that the sponsor not allow more than a few days *grace period*.

   Record the date of the last entry.

   2. If the Daily Record of Meals Served form is up-to-date, write *yes*; if not, write *no*. If it is not up-to-date, follow the sponsor policy for disallowing meals for inadequate or incomplete paperwork. NOTE: It is recommended that the sponsor not allow more than a few days *grace period*.

   Record the date of the last entry.

      a. After reviewing the Daily Record of Meals Served form, write *yes* if more than three meals per day for any child were claimed. Write *no* if not more than three meals per day for any child were claimed. NOTE: A provider must ***NOT*** be allowed to claim more than three meals per day for any child.

   3. If the Weekly Meals Served form is up-to-date, write *yes*; if not, write *no*. If it is not up-to-date, follow the sponsor policy for disallowing meals for inadequate or incomplete paperwork. NOTE: It is recommended that the sponsor not allow more than a few days *grace period*.

4. If infant meals (children under the age of one) are being claimed, write *yes*; if not, write *no*.

   a. If the above answer is *yes*, then answer *yes* if the infant meal pattern is being followed or *no* if it is not being followed. NOTE: If meals are being claimed for children under the age of one, then the infant meal pattern must be followed.

   b. If the provider furnishes at least one of the food items, write *yes*; if not, write *no*. NOTE: The provider must provide at least one of the components in order to claim the meal.

   c. If the Infant Meals Served form is maintained, write *yes*; if not, write *no*. If it is not being maintained or is not up-to-date, follow the sponsor policy for disallowing meals for inadequate or incomplete paperwork. NOTE: It is recommended that the sponsor not allow more than a few days *grace period*.

Record the date of the last entry.

D. Sanitation

1. If local, state, and federal Health Department regulations are being followed, write *yes*; if not, write *no*. If they are not being followed, record in the *Comments* section any problem areas.

2. On questions 2a through 2n, answer *yes* or *no* as to whether these sanitation procedures are being followed as required by local, state, and federal regulations. If problem areas are observed, it should be noted in the *Comments* section of the review form.

E. Enrollment

1. Record each child's name, age, and whether CACFP enrollment is available for each child in attendance at the time of the monitor review.

2. If any children have been added or dropped since the last monitor review, write *yes*; if not, write *no*.

3. If the answer to the above question is *yes*, then answer this question. If the sponsoring organization was notified, answer *yes* to this question. If the sponsoring organization was not notified, answer *no*. NOTE: This may require the monitor checking records at the SO office.

F. Meal Service Times

1. Record the approved time of each meal service. Record the verified time of each meal service by checking the provider information sheet.

2. Answer *yes* if the meal was served at the approved time. Answer *no* if the meal was served at a different time other than what was approved.

3. If the above answer is *no*, check with the Sponsoring Organization's records to see if a meal change was turned in. If so, answer *yes* to this question; if not, answer *no* to this question. NOTE: If a notification of meal change was not reported to the sponsoring organization, this meal should be disallowed.

G. Training

1. Record all training sessions attended by the provider during the fiscal year. NOTE: It is required that all providers attend training annually.

H. Civil Rights

Circle the appropriate *yes* or *no* to the question in regard to discrimination.

I. Meal Observation (on the day of the review):

1. Answer *yes* if all components are being served; if not, answer *no*. All components are required in order to claim meal reimbursement.

2. Answer *yes* if the required quantities are served; if not, answer *no*. The minimum quantities are required in order to claim meal reimbursement.

3. After observing the meal service, answer the question *yes* or *no*. Observe whether the method of production and the quality of food are acceptable.

4. After observing the meal service, answer *yes* or *no* to this question. Observe whether safe food-handling procedures are being followed.

5. After observing the meal service, answer *yes* or *no* to this question. Observe whether the plates and servings have been adjusted for age groups.

6. Answer *yes* if meal supervision is provided; if not, answer *no*.

7. Answer *yes* if adequate time has been allowed for eating. Answer *no* if adequate time has not been allowed.

8. If the provider does not have any children with special dietary needs, documentation is not needed; therefore, answer this question *NA*. Answer *yes* if special dietary needs documentation is available; if not, answer *no*. NOTE: In order to claim children's meals requiring special dietary needs, documentation from a recognized medical authority must be on file.

9. If the provider served preprocessed, combination foods such as corn dogs or chicken nuggets, a Child Nutrition (CN) label or product analysis statement must be on file to document product creditability. If CN labels/product analysis statements are not needed, answer *NA*. If they are needed and are available, answer *yes*. If they are needed and are not available, answer *no*. If they are needed and are not available, the meal(s) should be disallowed.

10. If the provider can tell the monitor how much food was served, answer *yes*; if not, answer *no*.

11. If the monitor has determined that more training is needed for the provider, answer *yes*; if not; answer *no*.

J. Program Children Served by Ages

1-2 Years: Record how many children in this age group participated in the meal service.
3-5 Years: Record how many children in this age group participated in the meal service.
6-12 Years: Record how many children in this age group participated in the meal service.
Total Children: Record how many total claimable children participated in the meal service.
Nonclaimable Children Served: Record how many nonclaimable children participated in the meal service. This could be, but is not limited to, children over the license capacity, children who have already participated in three meal services during the day, children who are not served a reimbursable meal, etc.

Time Served: Record the time the meal was actually served.

Meal Observed: Circle the appropriate meal which is being observed.

K. Meal Analysis

In the appropriate box, record the food item, quantity served, amount needed, and the difference in the amount needed and the amount served. (Be specific.)

L. Review Summary

Record all areas which require corrective action. Make appropriate comments and recommendations.

Circle *yes* if a follow-up is necessary to view that corrective action has taken place. Circle *no* if no areas of noncompliance have been noted. A follow-up visit is not necessary. If the answer is *yes*, then documentation must be available to show that a follow-up visit was made. NOTE: A follow-up visit does not count as a second monitor review.

Provider Signature and Date: The provider must sign and date the Monitor Review form.

Reviewer Signature and Date: The reviewer must sign and date the Monitor Review form.

INFANT MEAL ANALYSIS ATTACHMENT INSTRUCTIONS

1. Record the number of children from birth to 3 months who are participating in the meal service.
2. Record the number of children aged 4 to 7 months who are participating in the meal service.
3. Record the number of children aged 8 to 11 months who are participating in the meal service.
4. Circle the appropriate meal which is being observed.
5. Child's Name and Age: Record each child participating in the meal and his/her age.
6. In the appropriate box, record the food item, quantity served, amount needed, and the difference between the amount needed and the amount served. (Be specific.)

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EXAMPLE

FAMILY DAY CARE HOME ON-SITE MONITOR REVIEW

Reviewer: MINNIE NICKELS

Provider's Name: PATTY PERFECT

Provider's Address: 100 SUNNYLANE, BIG HILL, OK 71234

Tier Type: I II-H II-L [✓ II-M] (Circle One)

Home Agreement Number: 09

Date of Visit: 11/08/99

Time of Visit: 11:15

Review: [✓ 1] 2 3 Weekend Follow-Up

		Yes/No
A. License		
1. Does provider have a current license/permit?	1.	YES
2. Expiration Date: JAN 2001		
3. Is provider within license capacity?	3.	YES
B. Tier I Homes Only		
1. Does provider claim own children?	1.	NO
2. If yes, do they eat with the other children?	2.	NA
3. Complete and approved Family-Size and Income Application on file?	3.	NA
C. Record-Keeping Requirements		
1. Daily Arrival and Departure Record up-to-date? Date of last entry: 11/7/99	1.	YES
2. Daily Record of Meals Served form up-to-date? Date of last entry: 11/7/99	2.	YES
a. Were more than three meals per day claimed for any child?	a.	NO
3. Weekly Meals Served form up-to-date? Date of last entry: NA	3.	NO
4. Infant meals/children under one year old claimed?	4.	YES
a. If yes, is infant meal pattern followed?	a.	YES
b. Does provider furnish food items?	b.	YES
c. Infant Meals Served form maintained? Date of last entry: 11/7/99	c.	YES
5. Cycle Menu on file with sponsoring organization?	5.	YES
a. Current cycle menu is being followed?	a.	YES
b. If no, was substitution made?	b.	NA
c. Did it contain all required components?	c.	YES
D. Sanitation		
1. Are local, state, and federal Health Department regulations followed?	1.	NO
2. Review the following good sanitation practices.	2.	
a. Medications properly stored?	a.	NA
b. Chemicals and medicines in a separate location?	b.	YES
c. Rusted, dented, or unlabeled containers?	c.	NO
d. Leftovers properly stored?	d.	YES
e. Refrigerator's temperature: 40°		
f. Freezer's temperature: 0°		
g. Are refrigerator and freezer frost-free?	g.	YES
If no, are they defrosted?		NA
h. Shelf paper present?	h.	NO
i. Trash cans covered?	i.	YES
j. Clean kitchen and equipment?	j.	YES
k. Dining surface and counter tops sanitized?	k.	YES
l. Dishes sanitized during washing?	l.	YES
m. Kitchen, storage, and serving areas free from pest infestation?	m.	YES
n. Effective hair restraint?	n.	YES

E. Enrollment Yes/No

1. Children in Attendance Name	Age	CACFP Enrollment?
TONE SMITH	4	YES
CORLISS SMITH	2	YES
JIMMY JAMES	10 MO	YES

		Yes/No
2. Have any children been added or dropped since the first monitor review?	2.	NO
3. If yes, was sponsoring organization notified of changes?	3.	NA

F. Meal Service Times

1. List meal service times:	Approved	Verified
Breakfast	7:30	7:30
A.M. Supplement	--	--
Lunch	11:30	11:30
P.M. Supplement	2:30/3:30	2:30/3:30
Supper	--	--
Late P.M. Supplement	--	--

		Yes/No
2. Was meal served at approved time?	2.	YES
3. If no, was a notification of meal change turned in?	3.	NA

G. Training

1. List training sessions attended this fiscal year: ATTENDED SIGN-UP MEETING IN SEPTEMBER

H. Civil Rights

All children served the same meal at no separate charge regardless of race, color, national origin, sex, age, or disability, and there is no discrimination in the course of food service. (Circle One)

[✓ Yes] or No

Comments:
PATTY DID NOT HAVE HER WEEKLY MEALS SERVED FORM UP-TO-DATE. WILL DO A FOLLOW-UP VISIT. MEAT IS THAWING ON THE KITCHEN COUNTER.

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I. Meal Observation

		Yes/No			Yes/No
1. All components served?	1.	YES	6. Meal supervision provided?	6.	YES
2. Required quantities served?	2.	NO	7. Adequate time for eating?	7.	YES
3. Method of production and quality of food acceptable?	3.	YES	8. Special dietary needs documentation available?	8.	YES
4. Safe food-handling procedures followed?	4.	NO	9. Product analysis/Child Nutrition (CN) label on file?	9.	YES
5. Plates and servings adjusted for age groups?	5.	NO	10. Is the provider able to communicate the quantity of food served?	10.	YES
			11. Is further training needed?	11.	YES

J. Program Children Served by Ages

Time Served: 11:30

1-2 Years	3-5 Years	6-12 Years	Total	Nonclaimable Children Served	Comments:
1	1	0	2 (PLUS INFANT)		INADEQUATE QUANTITY OF MEAT SERVED

Meal Observed: (Circle One)

a. Breakfast b. A.M. Supplement [✓ c. Lunch] d. P.M. Supplement e. Supper f. Late P.M. Supplement

K. Meal Analysis

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Milk	MILK	1½ CUPS (12 OZ)	1 X 4 OZ = 4 1 X 6 OZ = 6 10 OZ	12 -10 +2 OZ
Fruit/Vegetable/Juice	MASHED POTATOES FRUIT COCKTAIL	1 CUP ½ CUP 6 — ¼ CUPS	1 X 1 = 1 1 X 2 = 2 3 — ¼ CUPS	6 -3 +3 — ¼ CUPS
Bread/Bread Alternate	BISCUITS	2 — .75 OZ (1.5 OZ) BISCUITS	2 — .5 OZ (1 OZ) BISCUITS	1.5 - 1 +.5 OZ
Meat/Meat Alternate	*CHICKEN NUGGETS	3 NUGGETS EACH (6 TOTAL)	1 X 4 NUGGETS 1 X 5 NUGGETS 9 NUGGETS	6 - 9 -3 NUGGETS

*5 NUGGETS = 1.5 OZ MEAT PER PRODUCT ANALYSIS

L. Review Summary

Corrective action needed, comments, or recommendations:

(1) THE WEEKLY MEALS SERVED FORM MUST BE MAINTAINED DAILY. (2) MEAT NEEDS TO BE THAWED IN THE REFRIGERATOR. (3) ADEQUATE QUANTITIES OF FOOD MUST BE SERVED IN ORDER TO CLAIM A MEAL FOR REIMBURSEMENT. (4) THE CREDITING INFORMATION ON THE PRODUCT ANALYSIS STATEMENT MUST BE FOLLOWED TO CORRECTLY PORTION THE CHICKEN NUGGETS. (5) THE WEEKLY MEALS SERVED FORM IS NOT UP-TO-DATE.

Is a follow-up necessary to view corrective action? (Circle One) [✓ Yes] or No

Patty Perfect	11/8/99	Minnie Nickels	11/8/99
Signature of Provider	Date	Signature of Reviewer	Date

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Infant Meal Analysis
Attachment

Birth - 3 Months	4 - 7 Months	8 - 11 Months
		1

Meal Observed: (Circle One)

a. Breakfast b. A.M. Supplement [✓ c. Lunch] d. P.M. Supplement e. Supper f. Late P.M. Supplement

Child's Name: JIMMY JAMES **Age:** 10 MONTHS

Meal Component	Food Item	Quantity Served	Quantity Needed	Quantity + or -
Formula/Milk/Breast Milk	INFANT FORMULA	8 OZ	6-8 OZ	+2 OZ
Fruit/Vegetable/Juice	APRICOTS	2 TBSP	1-4 TBSP	+1 TBSP
Infant Cereal/Bread/Crackers	INFANT CEREAL	3 TBSP	2-4 TBSP	+1 TBSP
Meat/Meat Alternate				

Child's Name: **Age:**

Meal Component	Food Item	Quantity Served	Quantity Needed	Quantity + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable/Juice				
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

Child's Name: **Age:**

Meal Component	Food Item	Quantity Served	Quantity Needed	Quantity + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable/Juice				
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

Child's Name: **Age:**

Meal Component	Food Item	Quantity Served	Quantity Needed	Quantity + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable/Juice				
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

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EXAMPLE

FAMILY DAY CARE HOME ON-SITE MONITOR REVIEW

Reviewer: MINNIE NICKELS

Home Agreement Number: 09

Provider's Name: PATTY PERFECT

Date of Visit: 11/29/99

Provider's Address: 100 SUNNYLANE, BIG HILL, OK 71234

Time of Visit: 11:20

Tier Type: I II-H II-L [✓ II-M] (Circle One)

Review: [✓ 1] 2 3 Weekend [✓ FOLLOW-UP]

				Yes/No
A.	**License**			
	1.	Does provider have a current license/permit?	1.	
	2.	Expiration Date: ______		
	3.	Is provider within license capacity?	3.	
B.	**Tier I Homes Only**			
	1.	Does provider claim own children?	1.	
	2.	If yes, do they eat with the other children?	2.	
	3.	Complete and approved Family-Size and Income Application on file?	3.	
C.	**Record-Keeping Requirements**			
	1.	Daily Arrival and Departure Record up-to-date? Date of last entry: ______	1.	
	2.	Daily Record of Meals Served form up-to-date? Date of last entry: ______	2.	
	a.	Were more than three meals per day claimed for any child?	a.	
	3.	Weekly Meals Served form up-to-date? Date of last entry: 11/27/99	3.	YES
	4.	Infant meals/children under one year old claimed?	4.	
	a.	If yes, is infant meal pattern followed?	a.	
	b.	Does provider furnish food items?	b.	
	c.	Infant Meals Served form maintained? Date of last entry: ______	c.	
	5.	Cycle Menu on file with sponsoring organization?	5.	
	a.	Current cycle menu is being followed?	a.	
	b.	If no, was substitution made?	b.	
	c.	Did it contain all required components?	c.	
D.	**Sanitation**			
	1.	Are local, state, and federal Health Department regulations followed?	1.	YES
	2.	Review the following good sanitation practices.	2.	
	a.	Medications properly stored?	a.	
	b.	Chemicals and medicines in a separate location?	b.	
	c.	Rusted, dented, or unlabeled containers?	c.	
	d.	Leftovers properly stored?	d.	
	e.	Refrigerator's temperature: ______		
	f.	Freezer's temperature: ______		
	g.	Are refrigerator and freezer frost-free? If no, are they defrosted?	g.	
	h.	Shelf paper present?	h.	
	i.	Trash cans covered?	i.	
	j.	Clean kitchen and equipment?	j.	
	k.	Dining surface and counter tops sanitized?	k.	
	l.	Dishes sanitized during washing?	l.	
	m.	Kitchen, storage, and serving areas free from pest infestation?	m.	
	n.	Effective hair restraint?	n.	

E. Enrollment Yes/No

1. Children in Attendance Name	Age	CACFP Enrollment?
TONE SMITH	4	YES
CORLISS SMITH	2	YES
JIMMY JAMES	10 MO	YES

			Yes/No
2.	Have any children been added or dropped since the first monitor review?	2.	
3.	If yes, was sponsoring organization notified of changes?	3.	

F. Meal Service Times

1. List meal service times:	Approved	Verified
Breakfast		
A.M. Supplement		
Lunch		
P.M. Supplement		
Supper		
Late P.M. Supplement		

			Yes/No
2.	Was meal served at approved time?	2.	
3.	If no, was a notification of meal change turned in?	3.	

G. Training

1. List training sessions attended this fiscal year: ______

H. Civil Rights

All children served the same meal at no separate charge regardless of race, color, national origin, sex, age, or disability, and there is no discrimination in the course of food service. (Circle One)

[✓ Yes] or No

Comments:

WEEKLY MEALS SERVED FORM UP-TO-DATE.

HEALTH DEPARTMENT REGULATIONS ARE BEING FOLLOWED.

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I. Meal Observation

	Yes/No		Yes/No
1. All components served?		6. Meal supervision provided?	
2. Required quantities served?	YES	7. Adequate time for eating?	
3. Method of production and quality of food acceptable?		8. Special dietary needs documentation available?	
4. Safe food-handling procedures followed?	YES	9. Product analysis/Child Nutrition (CN) label on file?	
5. Plates and servings adjusted for age groups?	YES	10. Is the provider able to communicate the quantity of food served?	
		11. Is further training needed?	

J. Program Children Served by Ages

Time Served: 11:30

1-2 Years	3-5 Years	6-12 Years	Total	Nonclaimable Children Served	Comments:
1	1	0	2 (PLUS INFANT)	0	

Meal Observed: (Circle One)

a. Breakfast b. A.M. Supplement [✓ c. Lunch] d. P.M. Supplement e. Supper f. Late P.M. Supplement

K. Meal Analysis

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Milk	MILK	2 CUPS = 16 OZ	1 X 4 OZ = 4 1 X 6 OZ = 6 10 OZ	16 -10 +6 OZ
Fruit/Vegetable/Juice	TATER TOTS PEACHES	1 CUP ½ CUP 6—¼ CUPS	1 X 1 = 1 1 X 2 = 2 3—¼ CUPS	6 -3 +3—¼ CUPS
Bread/Bread Alternate	HAMBURGER BUN	2 BUNS = 4— ½ SLICE	2 X 1 = 2 (½ SLICE)	4 - 2 +2—½ SLICE
Meat/Meat Alternate	GROUND BEEF PATTIE	1# GROUND BEEF = 7—1½ OZ SERV	1 X 1 = 1 1 X 1.5 = 1.5 2.5 ÷ 1.5 = 1.6 (1½-OZ SERV)	7 - 1.6 +5.4 (1½ OZ SERV)

L. Review Summary

Corrective action needed, comments, or recommendations:

(1) THE WEEKLY MEALS SERVED FORM IS ACCURATE AND UP-TO-DATE. (2) HEALTH DEPARTMENT REGULATIONS ARE BEING FOLLOWED. (3) ADEQUATE QUANTITIES OF FOOD ARE BEING SERVED.

Is a follow-up necessary to view corrective action? (Circle One) Yes or [✓ No]

Patty Perfect 11/29/99
Signature of Provider Date

Minnie Nickels 11/29/99
Signature of Reviewer Date

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Infant Meal Analysis
Attachment

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Meat/Meat Alternate				

Child's Name: **Age:**

Meal Component	Food Item	Quantity Served	Quantity Needed	Quantity + or -
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Child's Name: **Age:**

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Meat/Meat Alternate				

Child's Name: **Age:**

Meal Component	Food Item	Quantity Served	Quantity Needed	Quantity + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable/Juice				
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

FAMILY DAY CARE HOME ON-SITE MONITOR REVIEW FOLLOW-UP INSTRUCTIONS

When conducting a follow-up visit to a monitor review, address only the areas found in noncompliance during the monitor review. Use the same form as the monitor review.